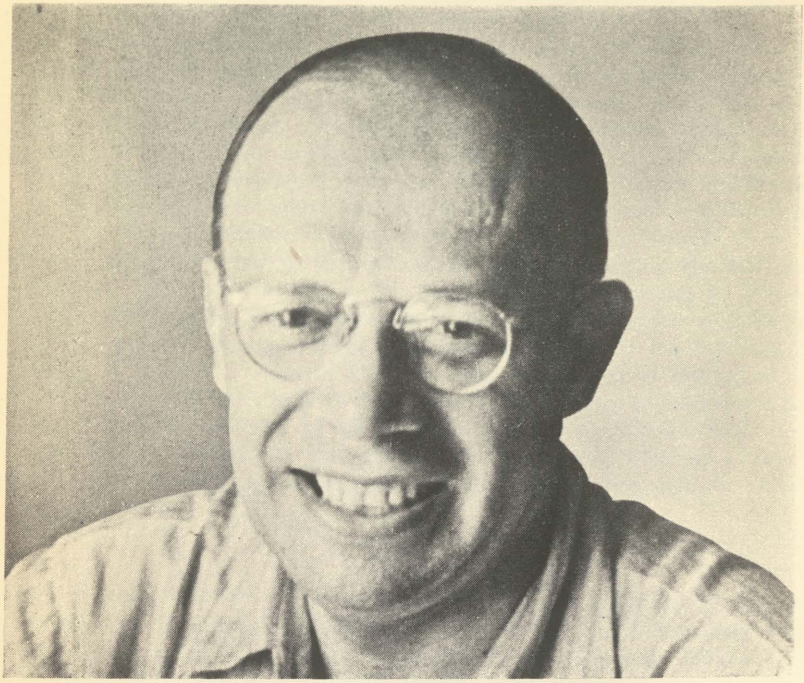

MONROE A. MEYER, M.D.

1892-1939

IN MEMORIAM

Monroe A. Meyer, M.D.
1892-1939

On February 27, 1939, Dr. Monroe A. Meyer died in his forty-seventh year. His death takes from the New York Psychoanalytic Institute the man who more than any one else had given to it his time and thought and energy. It was his incessant watchfulness which made the Institute function smoothly and effectively. During the last seven years of his life, the major portion of his time had gone into the exacting task of guiding it in its growth from a small, informal unit with a dozen students to a highly organized teaching institution with seventy students. Those of his colleagues who had had an opportunity to know the depth of his analytic penetration and learning often regretted that during these years his scientific energies were not freer from the burden of these administrative responsibilities. He himself felt so keenly, however, that it was important to set the Institute firmly on its feet, that no personal sacrifice seemed to him too great to make.

Before his administrative duties had absorbed him completely, Monroe Meyer had been recognized as a teacher of exceptional ability. His knowledge of psychoanalytic literature and his ability to impart this knowledge in the supervision of the work of his younger colleagues and in seminars had been outstanding. His ability had also been evidenced in significant contributions to the literature and in thoughtful reviews.

Monroe Meyer was born in New York City on August 1, 1892. He received a bachelor's degree from Cornell University in 1913, and graduated from Cornell Medical School in 1916. Soon thereafter he saw service overseas during the war, and at an early age occupied a position of great responsibility in the neuropsychiatric division of one of the base hospitals of

the American Expeditionary Forces in France. It was there that he first demonstrated his exceptional capacity for executive organization and management; and it was there too that he developed an interest in veterans' problems which kept him in touch with Veterans Hospital Eighty-One for many years after his return. In 1921–22 he studied with Freud in Vienna, and then returned to New York to begin his practice. For five years he was Adjunct Psychiatrist at the Mount Sinai Hospital in New York, but in 1932 he gave up all outside responsibilities except his private practice in order to devote himself to the task of building up the New York Psychoanalytic Institute.

In more recent years his interests focused with increasing intensity on the struggle between democratic and autocratic forces in the world, on the problems of democratic organization in industry, on the various social and economic experiments with which the world confronts us in Russia and elsewhere, and finally in the dramatic and pitiful war in Spain. In his interest in these causes there was a touch of the crusader in Monroe Meyer, as indeed there had been in his work for the war veterans, in his intense application to the problems of clinic organization at Mount Sinai Hospital, and in his devotion to the interests of the New York Psychoanalytic Institute. But he seasoned his crusading spirit with a faintly ironical sauce that was both human and indulgent. In everything to which he gave himself the underlying motivating drive was one of passionate espousal of the cause of all who suffered, whether it was a patient or a nation.

His colleagues will hold him in grateful and affectionate remembrance always.

THE EDITORS

UNCONSCIOUS PHANTOMS IN NEUROTICS

BY FRITZ WITTELS (NEW YORK)

Psychoanalysis is very familiar with the conceptions of identification and projection. It is less outspoken about the obvious difference between the mechanism of identification, and its effect: a figure, a phantom existing in one as a result of identification. If we identify (and this is always an unconscious act in contradistinction to conscious emulation) with a great man whom we admire, we may identify with his handwriting, the way he walks, clears his throat, smiles, and shakes hands. The result is a phantom of the great man living in us. Part of our personality is then expressed in terms of this phantom; people who watch us recognize the phantom and our behavior may make us appear even slightly ridiculous. Our ambition to be as great as our model has chosen the wrong way. The correct way (to acquire the great man's real values, those for which he is admired, and to continue his work) is evidently much more difficult, meaning years of hard work with the possibility of failure because of inefficiency. To erect a phantom of the great man by identification is easier. It is accomplished without much pain or strain using the well lubricated machinery of identification. 'You wish to equal him! Very difficult, almost impossible', says reality. 'Very easy', says the dream; 'I can do it "in no time".'

It so happens that such narcissistic wish fulfilment crowds our psychic space with a number of phantoms, all of them results of identifications. They contribute to the structure of our personality. They can be integrated and disintegrated. Unconscious tendencies of all kinds exist in us in the form of phantoms. Many of them are well known to psychoanalysis and were given the names of figures of myth and literature. Usually they bear the quite superfluous supplement, *complex* (œdipus *complex,* Jehovah *complex,* etc.).

This supplement, although universally accepted and very popular, is to my mind regrettable. It bestows a sort of scientific dignity upon our phantoms, but it bleeds them by depriving them of their life, their 'incarnation' value. No one *has* an œdipus complex, but everyone *is* in some way an Œdipus revolting against fathers (authorities) and longing for mothers. No one has a feminine, a masculine, an inferiority complex, but we impersonate man, woman, child, devil and saint, conqueror and vanquished, and not in a vague general sense; we find definite individual phantoms in each case. All the world is a stage not only surrounding us but even more so within. There are phantoms that we have to live up to; there are others we fear, some we hate or secretly love. Some of them we consider to be our real selves. Some of them must be punished, others cajoled. It is not always easy for the poor ego to find its way in such a crowd.

The more primitive unconscious layers in us defend themselves throughout life against the abstractions of civilized language by retranslating them into figures. Beauty and the wish for beauty live in the shape of a secret Venus within; failure in the shape of a kitchen-slavey-Cinderella. Villainy is a witch, virtue is 'incorporated' in phantoms of saints. It is not correct to call this process a translation because our phantoms are incomparably deeper rooted than any abstract conceptions which, as the word so appropriately describes it, are abstracted from the phantoms.

Analyzing the deeper layers means to unearth phantoms—our own creations in the beginning, but often later our tyrants who force us into conflicts. Our conflicts are battles between two or more incompatible phantoms and can be appeased by throwing the searchlight of our minds upon them. I try to show their phantoms to my patients. Psychotherapy, when dealing with abstract conceptions, is in a precarious situation because abstractions cannot be felt and experienced. We experience our world in the shape of figures that, chased from daylight into the obscure abysses of our soul, turn into

phantoms. They become apparent in dreams, in artistic creations and in the strange delusions of the insane, for example the megalomaniac. The psychotherapist therefore has to do sculpturing of a kind, artistic work which makes his reluctant patients see and understand the phantoms by which they are vexed and which they cannot control because they know usually very little about them.

Following are two case histories, one of a compulsive and one of a hysterical type, demonstrating phantoms and their interrelations.

Phantomization in a Compulsive Type

Jane was a highly intelligent woman of thirty, in appearance rather staid, modestly clad for a woman of her social standing and wealth, *sans* jewelry or make-up. She came from an old, well-to-do American family, a D.A.R. with numerous signs of degeneracy in her genealogy. Aware of this 'weakness' in her blood she was glad that there were no 'skeletons' in her husband's 'closet'. She loved her husband and was much too deeply devoted to the care of her only child. The slightest cold the girl had threw the mother into a wild state of agitation. She was so full of anxiety and tension in her relation to the little girl, that the child herself became nervous and was taken to a specialist. He recognized that her mother needed treatment more than the child. The idea that she, a most devoted mother, could be a danger to her beloved child was unbearable to Jane and she was quick to follow the specialist's advice, although she was not aware of any morbid symptoms in herself. Her ambition was to be perfect in the tempo and tenor of her life; everything in her reach had to be in order. A perfectly orderly, impeccable person was her 'reality phantom'.

Told that we would find the most valuable material in her dreams, she was incredulous; yet when she came for the second time she had to report a most 'disorderly' dream which struck

her a blow between the eyes. She had dreamed of a girl of exquisite beauty, blond (like herself) lying in bed naked save for jewelry which was spread all over her body. She stretched out her hands to Jane and said with a sweet voice: 'Come! I have been waiting so long for you'.

Jane said that this girl might have been Dutch or Flemish (there was Dutch blood in the family) and compared her with the famous painting of Ruben's wife, Helen Fourment. The dream frightened Jane considerably. Could she be Lesbian? She could not possibly be as she had never had a Lesbian experience nor had she felt a desire for one. Nevertheless, if dreams had a meaning as I had told her, what else could this dream signify? Whether this fear was justified, we could not as yet determine. At any rate she hated the dream.

Jane believed herself to be physically unattractive and was of an intellectual bent, sedate, modest to the point of prudishness, and in sexual matters extremely restrained even with her husband. In the dream I saw her counterpart, the phantom of voluptuous Helen Fourment, her Venus *phantom*.[1] Any entrance of Venus into Jane's conscious self was impossible because of her compulsive clinging to another phantom which was believed by Jane and all who knew her to be her true self. This reality phantom defended her against the onslaught of the Venus phantom of whose existence Jane knew nothing at all at the beginning of her analysis.

Jane lived the life of a puritan of the Eighties, indulging in none of the luxuries, such as expensive *couturiers,* beauty specialists, luxurious limousines or pleasure trips to which her wealth entitled her. Her only interests were her family and her home, forming a phantom harder to comprehend as such than the Venus phantom. Her 'reality' was not a spontaneous product like the libidinous figure in her first dream; it was a reaction-formation against rejected stimuli. Her behavior, I learned from her by and by, made a bewildering impression

[1] The evidence is given later.

even on her nearest relatives. She had almost no friends; her aloofness and disinterest in the outside world cut her off from intimacy of any kind either with friends or relatives.

Her *puritanic phantom* belonged to the past and should long have been dead and buried. Nobody in her milieu lived the way she did. In a later phase of the analysis Jane herself remarked that she felt as though the life of her ancestors was concentrated in her; as though all the women and mothers of the family had risen up in her. She had started to write a novel, beginning in the eighteenth century before the Revolution, depicting the woman of that epoch, and intending to end it with her own time and her own person; but after a time she had given this project up as too difficult for her.

From the time she could walk until she was thirteen, Jane's chief delight was running around the corner to visit her grandmother. This old lady under her white bonnet was something of a mystic and stimulated the child's imagination. Her favorite daughter, Lucille, had died before Jane was born and in Jane, she saw her own daughter come back to her. She concealed her real thoughts from Jane but spoke often and at length to her of this girl, calling her Lucille by mistake again and again. Jane recalls that her own mother played a distinctly minor part at that time. Her grandmother sought her out, gave her lovely gifts and always treated her as an equal, whereas her mother rarely played with her and seemed to care little for her.

Here we see a displacement to the former generation: grandmother in place of mother, Lucille in place of Jane, or rather Jane in Lucille's place. Elderly people are oriented towards the past and Jane's grandmother was full of memories which led her sometimes to the puritanic stock of the family and sometimes to the Dutch branch. We encounter a third phantom: magic, confounding life and death; the elder and the younger generation. It is well known that compulsive people in paradoxical contradistinction to their dogmatic and precise minds, are given to strange and magical ideas and perform-

ances. They separate from each other these contrasting activities which can be traced back to phantoms. The *magic phantom* finds its outlet in fairyland; in Jane's case, grandmother's dreamland. Jane's grandmother sculptured. Jane tried to become a sculptor herself but had to give it up. Her magic phantom could not be sublimated into art because it was never free and dominant. There were always other phantoms present; we have already mentioned three. More are to be identified.

Jane's father was an eccentric. For as long as she remembers, he was retired from business and had established a kind of home tyranny. Obsessional ceremonies devoured all his time. When Jane was twelve he moved the family to his estate on Long Island which put an end to Jane's daily visits to her grandmother who remained in New York. The family estate being two hours from New York, she was cut off from the few friends she had made and was left in her puberty to her lonesome fantasies. Then, and for years to come, her father occupied himself with mathematics and chess problems. For Jane he showed no love. She came to believe that she meant nothing to him at all. The sting of this was mitigated by the gradual realization that he loved no one—save perhaps her brother with whom he had long didactic talks.

Her only brother was born when she was three and a half. She well remembers the turmoil that took place in her at this event. She sees herself deeply unhappy, sitting and looking into the mirror of a little pool for hours, a traditional Narcissus, certain that nobody loved her any more. This came about not only from having lost the monopoly of being the only child, but from her father's incessant teasing about how homely she was. This he did in that pseudo witty way which children take seriously and which hurts deeper than any earnest remark. 'You have', he used to say, 'a beautiful wide nose'. The more unhappy she felt about such remarks the more he enjoyed making them. She wore a clip on her nose when nobody was looking. Her mother, far from protecting her, enjoyed the effects of the teasing as did her father.

Jane loved her father desperately but there was no way of showing it to him. Feeling rejected, her love for her father took a magic form. She liked to sit in his dark wardrobe in the midst of his shoes that smelled of boot polish. Once when it hailed and hailstones came down the chimney black with soot, Jane took each one individually and cleaned off the soot. She thought that she would be commended for this but her father burst into a storm of anger when he saw the dirty water on the carpet and struck her—a rare occurrence.[2] He chastized her with sarcastic verbalization but usually refrained from corporal punishment.

What he did for Jane was to teach her the wisdom of Victorian liberalism inherent with residues of puritanism. Religious tendencies, however, were derided. Sex life, according to her father, was a deplorable and rudimentary remainder of our animalistic origin. Personal adornment was a barbarian throwback. To dance, to sing, even to laugh heartily were all silly. Jane's mother would sometimes play the piano, but when her father was at home—and he was at home almost all the time—the 'strumming' had to cease. All problems must be solved by the mind. Attempting to solve them by feeling was ridiculous.

Thus arose the *phantom of an ugly, defeated girl,* whom Jane rejected and compounded with a father identification, so that the two phantoms (ugly girl and compulsive father) became amalgamated into one: 'I am unattractive. But femininity and feminine charm are unimportant anyway. Sex life is ugly, dirty, dangerous, barbarous, an unavoidable evil in marriage. I will never marry.' She engaged in a fanatic, compulsive pursuit of what was pure, orderly, correct in the eyes of her father, the eyes of a well-to-do American gentleman of 1900. She became rigid, suppressing all emotional life. The fact that ideas of purity and correctness change with the times and

[2] A child is not always as naïve as it wishes to appear. Jane knew that her cleaning of dirty hailstones increased the dirt. It was one of these 'double-barrelled' actions which contradict their professed purpose and the father—anal himself—sensed the subtle malice.

that one should change and progress with them, would have been unacceptable.

The father phantom was a necessity for Jane. It was as if always she were hearing her father say: 'You are homely and only a girl. But never mind, if only you are honest.' And to be honest meant to be more or less of an automaton, putting rigid mechanisms in place of life, and as little of girl as possible.

Let us summarize the phantoms which we have discovered so far:

1 The mystic phantom (grandmother, ancestors, escape from reality).
2 The defeated ugly girl (Jane with her wide nose).
3 A voluptuous beauty (unattainable and forbidden wish-figure).
4 An honest man, depending solely on his mind (the father).
5 An orderly impeccable wife and mother.

The first three phantoms are feminine. But only one is a female; the other two are an old woman and a child. The fourth phantom is a man in whose disguise Jane lives, using the fifth as a varnish. It is possible in each case to reduce phantoms to masculine, feminine, and infantile figures. In order to be of assistance, we must ascertain what kind of man, woman, child, each is. More, how many men, women, children; how old, how important, what kind and how much of each is accepted by the conscious ego.

To each phantom belongs its fulfilment: to the voluptuous woman an ideal man who satisfies her; to the ugly duckling, the swan of the fairy tale; and while these fulfilments are not realized there remains a counterbalance in the form of the rigidly honest, obsessional, masculine phantom. The magic phantom finds its fulfilment in a magic world, the limitless world of the dream.

It is easy to see that under these circumstances reality with its meager possibilities shrinks to almost nothing. Life is impoverished.

One may ask: if a person is dissected into a number of phan-

toms, what finally remains as the nucleus of his personality, or what could be called his real self? The answer is the same as the one to the question, what becomes of the colors of the rainbow when they dissolve into sunlight? The ideal normal personality is evidently an amalgamation of all the phantoms which enter into it and the difference between a normal and an abnormal person is the disintegration, the inability to coalesce the phantoms into reasonable harmony.

The voluptuous phantom (Helene Fourment or Venus) can be traced back as far as puberty. It cannot be older because a child does not comprehend the nature of the oversexed goddess of lust. The sexually active and successful female is always the pubertal reconstruction of an older figure, representing conquering wish fulfilment on an infantile level. We do not learn much of the successful child in Jane. At the tender age of three and a half, it changed into the sad and overcompensating compulsive figure. Vaguely she remembers that her father behaved differently when she was a baby. He came home with his pockets stuffed with candy, let her climb all over him and pull it out of his pockets. But that was long ago. She did not recall it until she reëxperienced it with her own little daughter who was a chubby and naturally aggressive child, and—particularly after Jane's successful analysis—experienced none of the lack of understanding which defeated Jane in her own childhood. We may call this deeply buried, oldest past of Jane, the successful child, reborn in her baby, a *sixth phantom.*

The sensual Flemish beauty originated in Jane's clandestine reading of the unexpurgated edition of the Arabian Nights which she found in her father's library. For several years she lived in this forbidden world and she still lived in it when many years later she received her first proposal of marriage. No romance whatsoever is connected with this event. Romance and solitary sex life (masturbation) were in the library. An

unbridged canyon gaped between this sexual start and the offers of a man of flesh and blood. The man at once repelled and fascinated her with his sexual 'brutality'. He whispered terrible things in her ear, tried to touch her in a forbidden way and boasted of his sexual exploits with other girls. She was shocked yet she listened to him as to an oriental prince out of the Arabian Nights—for a time at least. Finally he became so sadistic she said, and debased her to such an extent that she had to break the engagement. It is probably safe to assume that Jane's phantomization rather than the man's alleged irregularities were to blame for the fiasco.

After this frustration, one or two more years passed in the drab household on Long Island, until she tried once more to escape the smothering father phantom—her identification with an obsessional old man. After ten years of loneliness and unhappiness Jane left her father's estate and went to live with an aunt in New York for the sole purpose of having a good time. She did not become a voluptuous odalisque, but she saw people, danced, and became gloriously drunk a few times.

After a year of this relative indulgence she was tired of the shallow existence and glad to accept the solid love and a proposal of marriage from the self-made man with whom she had lived in an unusually happy marriage ever since. There was never a trace of antagonism between the two, never a disagreement, and not even the possibility of it; a veritable Philemon and Baucis marriage despite strong aggressive tendencies resident in both of them. She made of her marriage something like a mystic union. Her compulsive nature created here one more phantom (phantom *à deux*) which, because of its rare occurrence in our times and its high social value, must be called a supernormal abnormality. The task in Jane's treatment was to remove her tension without impairing this value.

Jane's grandmother had died long before her marriage. Her parents died in the early years of her marriage in rapid succession. Her father identification was metamorphosed into the

phantom *à deux*. Her husband's personality permitted such a construction. He was a serene, good-hearted man with a strong sense of duty; his libido was invested largely in a hard and successful struggle for existence.

The phantom of the Flemish beauty in Jane remained as a perturbing element. The genitalized figure in the unconscious protested from somewhere and had to be compulsively suppressed. Jane knew from her experiences in her father's library that a more buoyant sex life than hers existed. Against this subterranean pressure, becoming ever stronger, this formula had to be proved: 'Everything is all right and better than ever; the almost imperceptible lack of complete sexual fulfilment is a mere trifle in so much perfection.'

When Jane came to me for treatment she was in the midst of this struggle. She had either to live up to her conception of herself as a blond Arabian princess in which case her husband was not the right partner because he had nothing in common with an Arabian prince, or she had to give up the princess and thus fall into the drab world of her father. The unhappy and defeated child in her continued to exist after her marriage up to the time of her father's death and even later.

When her child was born and put in her arms, she burst—as she related—into an unnatural compulsive laugh, her protest against what might almost be called immaculate conception. This laugh was unconscious self-derision: 'Now, who has given birth to this child? The father phantom? The magic one? The unwanted child?' Of all the phantoms, only Helene Fourment was favored. But was she Helene Fourment? Certainly not!

After an analysis of long duration, Jane finally recognized and harmonized her phantoms. She saw them in her dreams, in her transference to the analyst and in her daily life, though with reluctance. The attitude of the analyst made her realize that not all fathers were like hers. The taboo of sex had to be lifted. The way from the proscribed to the accepted male had to be opened.

Her personal appearance changed considerably. She had been rather stout but she made a successful effort to lose weight. She dressed more youthfully and fashionably, wore jewelry and trinkets. In the beginning, she did it to gain the approbation and admiration of her analyst. This started her on the road to a more social life. From a harsh locked-up person, she became moderately cheerful and gregarious. People no longer regarded her as strange and introverted and she succeeded in making a number of intimate friends. The coalescence of the disintegrated phantoms was accomplished by taking some of Helene Fourment's conquering beauty, some of her father's honesty, her own little girl's confident go-getting and adding to it an outlet for the magic phantom in music.

The harmony of her marriage was not touched. It was left a mystery, an illusion if you wish. In this respect her analysis was never completed—on purpose.

Phantomization of a Hysterical Type

I first saw Alexandra, an attractive young woman of about twenty-seven, some years ago in Vienna. She was the wife of an ambassador to the Austrian Court, his second wife, the first having died about eight years before. Her husband, not satisfied with the condition of his wife's 'nerves', had been urging her for some time to be treated, but she resisted, and kept putting it off until the pressure of circumstances finally compelled her to come to me.

An important dinner was to be given in the embassy and she not only had to be hostess but certain diplomatic knots had to be tied with her active help. Although not much more was needed for that purpose than to smile, make conversation, and keep quiet at the right moments, she felt panic-stricken by the idea. She had given dinners before, but this time her husband could not be present. He had to leave on urgent business and she would have to face the task alone. She came

to me one Saturday and the dinner was scheduled for the following Monday night. She had but two days' time. She did not dare cancel the affair; it might have political implications and seriously impair her husband's career. On the other hand, she felt absolutely unable to go through the ordeal. She would rather die, she said.

Asked whether she had told her husband she replied that she could not very well tell him because the idea of this dinner had been more or less hers. But she had not then known that her husband, to whom she was attached as a clam to a cliff, would have to leave. He wanted her to do things and her idea of helping him solve a certain diplomatic difficulty in the lighter atmosphere of a dinner pleased him. The previous day as he was leaving she had shown signs of anxiety, but he had laughed them off.

'I really think', he said, 'that this is the moment to consult a psychoanalyst'.

There she was consulting me, looking at me with her dark eyes full of fear and grief. Psychoanalysis is a protracted process and cannot be very helpful in an acute crisis such as this. I called the ever dependable old-fashioned psychotherapy into service explaining that her fright was a kind of stage-fright and that she would surely manage, especially now that she was assured of my support. She cried a little, smiled and went away.

On Monday she came again, radiant, a changed person. She had cancelled the dinner with the excuse of being ill and thanked me exuberantly. Without me, she said, she would never have been able to do it. A doctor feels somewhat sheepish when thanked for a success resulting from doing the opposite of what he had advised!

On Sunday she had felt strange. Alone, anxiety overcame her to such a degree that she decided to kill herself. She played with the idea of stabbing herself with a long needle. Then she decided to 'do a bad fall' and perhaps break her leg. With such destructive ideas milling about in her head, she fell

asleep in the middle of the day. It was late afternoon when she awoke feeling much better. She sent out innumerable telegrams to her guests cancelling the dinner and heaved an enormous sigh of relief when it was over.

Obviously this case lacks the monotonous drab coloring of compulsion neurosis. Nothing as inconsistent as all this could possibly happen in the orderly life of a compulsive type. In point of fact, it seems like a lot of nonsense. Yet phantoms which had to be destroyed so that others might live seemed to be fairly palpable to me, and despite the farcical disguise, it was really anything but amusing.

I had suspected at first that Alexandra's stage fright was but a rationalization of some other fear: thoughts of debauch in the absence of her husband. As we shall learn later, promiscuity played a certain rôle in Alexandra's life. She later associated to her strange fantasy of the long needle, one of her gloomiest memories of an abortion brought about with a needle. When she awoke that Sunday, late in the afternoon, she felt better. The day was almost over and with it its danger. All these thoughts belonged to some *phantom of promiscuity* of which we shall hear more later.

Ten years before, the ambassador had married Helen, his first wife, a charming woman and a boyar's daughter. Unfortunately, she died two years later, leaving the ambassador inconsolable. At that time Alexandra, herself secretly in love with the young widower, made it her business to see him often and did her best to comfort him hoping, though not consciously, to win him on the rebound. She had known Helen and always greatly admired her for her good looks. Alexandra considered herself unattractive. She had also envied Helen her family life which was pleasant and companionable whereas her own parents led a virtual cat and dog life. Her father, a lawyer, made no secret of his numerous love affairs and her mother constantly complained to her adolescent daughter

about his infidelities. Domestic scenes frequently culminated with her father taking a gun out of a drawer and threatening to shoot himself, until Alexandra ran to wrest the gun out of his hands. Frequently he was drunk and then nobody could handle him but Alexandra.

Thus Alexandra had more than one reason to 'introject' aristocratic Helen, or as we prefer to say, to erect the Helen phantom within herself. If she were Helen, then she would be highly distinguished. The ambassador would love her, and her family life would be pleasant too. Alexandra admitted that Helen had not been an extraordinary beauty; yet she embodied Alexandra's cherished *phantom of perfection.*

In the course of time some of Alexandra's wishes were fulfilled or became irrelevant. The ambassador fell in love with her and they were married. Her father died exactly one year before she came for treatment, and his death proved to be the key to an understanding of the case. As long as her father was alive it was deeply satisfactory to harbor a phantom Helen, because Helen, beloved by her father as well as by her fiancé, later her husband, admirably separated filial from sexual affection. She had a father and a husband. Alexandra was not equally lucky in this respect. She loved her father dearly but could never tell him, consciously being on the side of her mother. She loved the ambassador but at that time could not tell him either. When her father died, she felt as we all do after the loss of an important love object: she could not accept the loss in its inexorable reality, but projected the image of her father upon other persons who soon enough gave poignant evidence that Alexandra was mistaken. Her treatment consisted to a great extent of persuading the more primitive layers of her mind that she had to accept facts and reality.

So far we have not yet understood Alexandra's panic in relation to the Monday reception. Her profuse thanks to me indicated that I, as a father substitute, played some part in the phantom story.

Alexandra had been a child full of imagination. In her

early teens she used to imagine herself a slave in Turkey. Some pasha saw her toiling in the fields and as she was of exquisite beauty, bought her from her owner. First she was a humble concubine but later the pasha fell in love with her and made her the favorite in his seraglio. There were parades in great regalia and she strutted triumphantly up and down her room, a pasha's or maybe a sultan's wife number one.

These two phantoms (Helen and favorite) make us realize what was wrong with Alexandra. Her Don Juan father whom she consciously condemned for his treatment of her mother, was her secret object of love. She knew all about her father's love affairs. Whenever he walked out on his wife after a quarrel, he took Alexandra with him. She was thus thrown in a filial conflict early in her life.

A father sowing wild oats or a promiscuous mother make it difficult for a growing child, particularly an only one, to settle the œdipus triangle. The girl accepts the fact that her mother possesses her father, but she alone is next. If he goes with other women, and mother has to endure it, of what use is daughter's sacrifice? She feels an infringement of her rights, and comes unconsciously to two conclusions. One is that her mother does not understand her father and cannot make him happy, and the other is the wish to share life with father. She, the daughter, could make him happy. Hence, the mother should go away, perhaps die, then she and her father could live together happily. Implicitly this means to bear her father a child.

Alexandra's confusion which finally drove her to seek treatment, actually dated from her father's death. Her father's passing away after a long illness came as a conscious release to her. In her phantom world it brought about a condition which she was unable to control without assistance.

Digging out her phantoms brought us first to her father phantom. She said that she resembled him and had also 'unfortunately' inherited his sexual nature. Her legs, her arms, her entire body, in her opinion, were rather masculine.

Actually she did not give this impression and was definitely feminine and attractive. But she had had to be an ugly and frustrated girl, had annihilated her girlish existence and had made a virtue of her imaginary drawbacks by playing the hag from early childhood. As a matter of fact she outdid the boys in her set in rough language and in being more cynical than any one of them. They all liked her not as an object of love, but as a pal whose peer could not be found among the girls of the country. No one would have believed that this girl's virginity was still intact. One did not think of her in terms of being a girl. No one or almost no one thought of approaching her romantically. Alexandra's *phantom of reality* was a kind of feminine street Arab that served to screen phantoms of her father's favorite as well as one of a virginal saint (Helen in heaven).

During the years after Helen's death Alexandra fell more and more in love with the ambassador whose affections at that time seemed to be engaged elsewhere. As facts later proved, nothing could have been easier than for her to win this man. But Alexandra's unconscious engineering aimed at the opposite goal. For a long time she tried her best to keep the ambassador from becoming aware that he was in love with her, thus enabling herself to play the masochistic part of a frustrated girl. Her unconscious wish to be her father's *favorita* could not be fulfilled. With this frustration as the pattern of her life she had to reëxperience frustration and did her best to bring it about: a repetition compulsion.

In time other men fell in love with her but none of them meant anything to her. With some of them she tried to become intimate but arranged it so that their attempts always failed, serving only to intensify her conviction that she was not like other girls.

The contradictions of Alexandra's inner stage setting made her do a thing that none of her friends, a group of progressive and even radical boys, would have thought her capable. Her mother was an orthodox churchgoer. Alexandra found her

way to an oldish, long-bearded pope (a priest of the Greek Church) and with the help of this man she developed the phantom of a martyred saint. From her description, this pope, a man over sixty, was an utterly repugnant person. He preached of the Holy Virgin, but persuaded her to go to bed with him. He made her talk, and with him Alexandra became a different person. She expressed her anxious belief that she was different from other women, in as much as she had not as yet been able to manage a successful sex life. Her pseudo-father persuaded her into permitting him to deflower her with an instrument. Almost immediately after, she began an affair with the ambassador. To compensate herself for her unrequited love, she slept for some time with one of her admirers who loved her unrequitedly, and between the two ranged the pope. In being promiscuous she repeated her father's promiscuity. Her pasha fantasy took on reality with the pope. His back room became the seraglio; his preaching surrounded him with an oriental, mystical aura; she was his favorite. In her relation to the ambassador, masochism became increasingly predominant. His tales of his exploits and interest in other girls were exceedingly painful to listen to, yet she never complained about his not loving her but only using her.

One day, she discovered that she was pregnant. A magic element was expressed by her remark to me: 'I really impregnated myself', she said. 'I loved him so much that I did not use a contraceptive for fear that he would not derive full satisfaction.'

She did not tell him that she was pregnant because she did not want to annoy him, but she told the pope; whereupon this man, pretending to be quite experienced in such matters, aborted her in his back room. As a result, she had a vicious hemorrhage on her way home. She fainted and had to be brought to a hospital right away. There they operated on her at once and she had to remain in the hospital for several weeks and never quite recovered from the criminal operation. Some lie was told to her parents and to the ambassador.

What she meant by telling me that 'she impregnated herself' was that the phantomized father of her child seemed more real to her than the man who actually had impregnated her. As such a figure did not exist anywhere in reality but solely in her imagination, she was right in saying that she impregnated herself although she could not realize her own phantomization.

She bore no grudge to the clergyman who had criminally injured her. On the contrary, she regarded him as her benefactor. This shows the power of her transference to a man who celebrated black masses with her while he bathed her in sanctimonious cant. He satisfied both parts of Alexandra's phantom world, fulfilling the phantom of father's mistress and the phantom of the virgin saint. He 'understood' her, or to use the biblical phrase: he knew her.

Finally she discovered under dramatic circumstances that the ambassador was at last in love with her. It is perhaps more accurate to say that she permitted him to discover it. To any objective observer it had been obvious for a long time that the diplomat and Alexandra were going to be married sooner or later. Alexandra's sound girlhood resuscitated from a deathlike sleep and she acted accordingly. She ended the intimate relation with the third man at once and also made it clear to the vicious pope that their relation had to stop. She did not go to see him any longer. But she felt no resentment against him. In some way she made him play the rôle of a liberator in her life.

The ambassador never was aware of the complex nature of the woman he loved. He sensed neither the magic and voluptuous odalisque nor the magic virgin in Alexandra, for to him she showed the tomboyish exterior which we have called her phantom of reality. On one occasion before he realized that he was in love with her, when they went to a summer hotel where the desk clerk knew the ambassador, and that he was not married, and he gave them separate rooms, the diplomat said: 'We don't need two rooms. The lady will sleep in my room.'

Alexandra felt deeply hurt. Years later she told him how much she had felt mortified by his exposing her to the hotel clerk and he was amazed. How could he, he said, have expected sensitivity in a woman who used Rabelaisian language and who was offended when not accepted as an equal in the company of hard-boiled sophisticates? He did not comprehend her duality, was not intuitive enough to perceive the late Helen's soul in Alexandra.

Shortly after his declaration of love they were married and Alexandra laid her mask of cynicism aside forever. She attempted to transfer her father fixation to her husband, but he did not lend himself to such aim, except in that he was a good deal older than Alexandra. She wanted to be tender, sentimental, womanly, but having seen her in so different a guise for many years, he was unable to cope with this sudden metamorphosis. He confessed to her that his interest in other girls had always been platonic even before he knew that he was in love with her. A revelation of this kind would have delighted a normal girl, but to Alexandra it came as a blow. Her love object had to be promiscuous like her father. Either she had to play the rôle of her father and then she was promiscuous, or her lover had to play it and then he was. Monogamy had no place in this bedlam. No matter what the ambassador said or did to convince her how truly he loved her, he met with a 'negative reaction'. He told her that he had almost completely forgotten Helen, his first wife and the love of his youth; hence, it became meaningless to incarnate Helen. But she could not throw this phantom off readily like a cloak; unconscious conditions can be changed but slowly. The situation became confusing.

After her father's death Alexandra's infantile devotion to her husband roiled him. Once on a bridle path on horseback when she was riding behind him, he turned and shouted: 'Why do you dog me like that? You're not my shadow, are you?'

This outburst of impatience made a tremendous impression

on Alexandra. She began to doubt whether she had done right in accepting him for a husband. The ambassador's words in the woods and her own violent reaction of grief were one of her first communications to me. She meant to say: 'He refuses to substitute for my father, but I cannot live without my father. What shall I do now?'

We see clearly the long line of fathers to whom Alexandra offered herself in an equal number of phantoms which partially resembled each other: her own father; Helen's father; the seraglio fantasy; the pope; the ambassador; her doctor.

The meaning of her strange behavior from Saturday to Monday is now apparent. Her husband absent, a relapse of the girl to promiscuity became imminent. Always searching for her father's love she had found and accepted on Saturday a father substitute compatible with her marriage: a doctor. She could continue to be father's child, that is, a child who did not have to accept the job—an adult's job—to preside and to play the important lady at an important dinner. After a symbolic impregnation and abortion (the long needle and the fall by a 'false step') that would have meant a disaster to her marriage, she fell asleep, dreamed we do not learn what, but presumably of her father, and woke up with the comfortable feeling that she could cancel the dinner which she did without delay; the child phantom in her triumphed once more.

Her conscious doubt of her husband sprang from an outside source. She had allowed a close friend to insinuate more than once that the ambassador was not the right man for her, that he could not possibly appreciate her personality. The reasons were never specified and Alexandra was afraid to inquire. The problem of the day was: 'Will my husband allow me to combine my phantoms into a harmonious totality?'

She often cried during her treatment. At the end of the hour, she would sit up, look at me with wide-open scrutinizing eyes and burst into tears. She said that the same thing

happened at home when she and her husband were together, and she was unable to comprehend the motivation for these uncontrollable outbursts. Her eyes asked: 'Can you be trusted to be a reliable and worthy father?' When a completely reassuring answer failed to come as well from me as from her husband, she cried in misery. This may perhaps have been what is called in psychoanalysis *'belated mourning'*, mourning for the loss of a love object only after failure to escape trouble and grief.

Alexandra had to mourn not only for her father but also for the many senseless and frustrated searches for father images. Analysis here as always, had to teach Alexandra how to control her phantomization with a sound sense of reality, and she began to hate the pope. In her dreams she told him what she thought of him. Much had to be forgiven her husband too. Had he let her know earlier that he cared for her, she would have been spared a great deal of psychic, moral, and physical suffering. Here we had to make allowances. She had really done her best to keep her husband in the dark.

All her phantoms—those inside as well as those with which she surrounded herself externally—appeared in her dreams:

> 'President Masaryk deflowers me. I was very much afraid, yet when the pope did it in reality, I felt no fear.'
>
> 'I see twins in a carriage. One of them is beautiful and looks like the movie actress, G.D. Later, I am interested not only in the beautiful one but also in the other one.'

The dream with its outstanding father figure (Masaryk, founder and father of the Czechoslovakian Republic) is easily comprehended. The twin symbol is herself split into an attractive feminine phantom (Helen, odalisque) and the less attractive, masculine one.

It was difficult for Alexandra to find a place for her husband. If he was not the father, and she was not Helen, who was he? Wasn't he merely a stranger to whom she found herself married when she awoke? The task of the treatment was to

guide her first steps in the real world after a devastating work of phantom formation.

After a time, her dreams began to manifest a desire to live with her husband and be a good mother:

> 'We walked together, my friend Ruth and I [Ruth is the name of the friend who had advised her against her husband]. We passed a pawnshop and Ruth offered the proprietor a diamond necklace. He offered her only one cent for it.' [Meaning: what Ruth has to offer is not worth two cents. Ruth had given Alexandra a necklace a few years before. So, her advice is worthless.] 'I left Ruth behind and I came to a river where two women walked [her split personality] with a baby carriage. I took the baby carriage myself [she accepts the rôle of a mother].'

This case shows phantom formation on the hysterical level. Compare Alexandra's 'seraglio beauty' with Jane's Helen Fourment-Venus, and the equal phantoms of the ugly girl and the father phantoms. Alexandra's case is much more abundant in phantoms. There is her Helen phantom, the saint, the virgin, the promiscuous person, the pal of her boy friends, and more; moreover, all is much closer to life, not real life, but frequently almost undistinguished from real life; she acted her phantoms.

The compulsive type defends himself against his own phantoms with a rigid system of righteousness. The hysterical type appears cheerfully to accept his phantoms and enacts them until he gets caught in the 'plentitude of his visions'.

PROBLEMS OF PSYCHOANALYTIC TECHNIQUE

BY OTTO FENICHEL (LOS ANGELES)

IV

Structural Aspects of Interpretation

The subject matter of the previous section of our discussion dealt with what takes place in psychoanalytic interpretation: the interference in the play of psychic forces (dynamics) and the alteration of the distribution of psychic energy (economics). We can best elucidate what has been said if we now begin with a third point of view, the *structural.* To what extent does the interpreting analyst work upon the ego, and to what extent upon the id and the superego?

In a direct sense the analyst works *exclusively* upon the *ego.* We need only to think of the definition of the ego: as soon as an ego exists at all, through it every influence of the environment upon the psyche takes place; the understanding of the meaning of words is particularly a concern of the ego. To be sure, the id can also be changed by experiences. Fixations, in so far as they are conditioned by particular satisfactions or privations, are alterations in the domain of the id brought about by experience. Likewise regressions, although we call them 'defenses', give the impression of a general tendency of the id in the case of loss of satisfactions to reach back to situations where things were otherwise. We speak of 'instinct structures', that is, id formations which come about through the alternate action of satisfactions and deprivations. But all these influences of the environment upon the id always take place *indirectly* by way of the ego. If the ego did not undertake instinctual activities, no instinctual tendency could be canalized in the id; if the ego did not set up defenses, the id would remain unaltered. When through analytic treatment we make possible genital primacy, that is certainly an alteration of the id; but it comes about through influencing the ego.

However, one could express the view that we nevertheless appeal to the id with our interpretations, for there are no sharp boundaries between ego and id (except at those points where barriers have been created by countercathexes). There exist archaic types of movements and perceptions very close to the id, related to identifications, diffuse, undifferentiated, and unconscious. In this connection the following comparison is illuminating: although there exist in multicellular organisms, respiratory and digestive organs specially differentiated for the functions of respiration and digestion, these are primary functions of all living matter; and before the evolution of respiratory and digestive organs, and to a certain extent even after this evolution, every living cell breathes and digests in a less differentiated way. Now in the same sense motility and perception, in other words dealing with the environment, are the primary functions of all psychic substance; and before there existed an ego, an organ specially differentiated for these tasks, they were carried out by the totality of the psychic substance.

Could and should we not with our interpretations reach these early id-related layers and not the ego? Of course it sometimes happens that they are reached. Such is the case most clearly in *hypnosis* in which the upper ego layers are artificially abolished in order to reëstablish the primitive ego functions, or in order that ego functions may be projected. (The hypnotist not only takes over the functions of the superego of the subject but can be considered also as a 'parasitical double' of the ego itself.) Indeed we make use of 'suggestion' in analysis too, especially in the battle against the resistances. But when we attempt thus to eliminate the ego, or more correctly the upper layers of the ego, a danger arises. For the maintenance of this projection, an attachment to the object-person is needed; success cannot be depended upon (as in the case of every transference success), and when later an analysis of the transference follows, the success is demolished. Only a subsequent demonstration directed to the upper layers of the ego, in the form of a 'working through' of what has emerged in catharsis-like eruptions, can bring about the previously discussed confrontation of

the past and the present, free from magic. For this purpose we must direct our attention to the higher layers of the ego and that is what the analyst does. There sometimes arises the problem, as we have said before, of what is to be done when there is an insufficiency of the ego. In such cases the task is to utilize the healthy remnants of the ego, in order gradually to enlarge it to proportions suitable for the analytic work and to try variations in analytic technique suited to the ego remnants; or finally, to attempt a preanalytic pedagogical period of training of the individual.

Let us consider once more the basic conflict. Something against which the ego is defending itself wishes to break through to consciousness and motility, and the resistance corresponds essentially to the defensive forces of the ego. These we try to dissolve. The id impulse we do not need to strengthen and indeed we cannot do so. Neither making conscious an unconscious impulse by naming it, nor 'seduction', is effective to strengthen the instincts. For example when a countercathexis has been so far broken down by analysis that a previously tabooed instinctual gratification would be possible and a new experience acts as a seduction, we must understand that this 'seduction' represents merely a weakening of the resistance through the experience of a satisfaction which comes to the aid of analysis.

In fine, it may then be said that we can take either the defending forces or what is being defended against as the subject of our discussions in analysis, but both types of discussion operate upon the ego and only indirectly upon the id or the superego.

When we have recognized that all analysis is really ego analysis, we can consider the expressions 'ego analysis' and 'id analysis' in a narrower sense that justifies their use. We may then ask when and how we make the defending forces (ego) and when and how we make the object of the defense (id) the subject of analytic interpretations. We then realize that we have already made a number of things clear concerning this matter. Recall, for example, the instance in which the interpre-

tation, 'You are aggressive', was incorrectly given for, 'You are afraid that you might be aggressive'. We formulated the general rule: interpretation of resistance precedes interpretation of content.

Sometimes, to be sure, it is not defensive attitudes themselves but substitutive instinctual impulses pervading them that are directly experienced, among others those that are involved in symptoms. In this case we find that these phenomena have *two sides,* and of the two the defensive side is the more accessible. By no means is a given phenomenon always *either* defense and in the ego, *or* instinct and in the id. *Derivatives* always comprise *both*; instinct serves for suppression of instinct. A passive instinctual longing can be reinforced to suppress an active one, and the like. Phenomena such as the overcompensation of an impulse by means of an opposite impulse (for example, overcompensatory replacement of hate by love) show this most clearly. The problem may be rather more complicated, in that there are not only two, but three (or more) 'psychic layers': instinct—defense—superficial instinctual attitude. When we interpret, we must be quite clear whether an experienced instinctual impulse is original, has passed through a defense, or serves directly defensive purposes.

In instances of 'return of the repressed', the repressed impulse has changed its character; it has become alien to the ego and though it is regarded as an instinct, it is not felt in the same direct way as originally. When a patient has a dream of incest at the beginning of an analysis, it is clear to the analyst that the instinctual impulse corresponding to the manifest dream content is active in the patient; but this is not felt to be true by the patient. If he be told that he really wishes to consummate the incestuous act he dreamed about, he will not know what to make of it. He can much more easily be led to discover in himself other attitudes which are more superficial but about which also at first he does not know. Very different attitudes may be involved—attitudes such as, 'If I admit this, the analyst will leave me in peace' (in one respect or another); or attitudes of obligingness in the trans-

ference or, on the contrary, of ridicule. In the example of the incestuous dream *both* are contained, the attitude of obligingness or ridicule towards the analyst as well as the incestuous wish, but in *different layers.* The one is nearer the ego and has to be interpreted first.

Fixations present a similar problem. They are seldom determined by a simple desire for the repetition of such instinctual activities as at one time have found special satisfaction or frustration. Mostly they seek instinctual gratifications that are at the same time suitable for dispelling an opposing anxiety. The striving to dispel anxiety and the striving for instinctual satisfaction are then situated on *different levels.*

The fact that obvious instinctual attitudes in reality may serve defense purposes or may be the expression of quite different hidden instincts, becomes particularly clear in phenomena of 'pseudo-sexuality'. Groddeck who had a predilection for paradoxes, once said in praise of the omnipotence of the erotic: 'A glance, a touch of the hand can be the highest point in a human life. It is not true that sexual intercourse represents the culmination of erotic life. People are really bored with it!' We believe that such an evaluation can hold true only for sexually deranged persons, but we must inquire further why these persons practise the tiresome sexual intercourse nevertheless. If the reply is, 'Because it is customary', that is merely a paraphrase for, 'Because I wish to satisfy a narcissistic need not to be different from others'. We recognize, however, that only in the rarest instances will that be the most essential motive; it is far more important that in carrying out the sexual act a whole series of the most varied other *narcissistic needs* be satisfied.

The sexual fantasies and lies of a woman patient, for example, had essentially the function of denying certain sexual experiences of her early childhood and thus served primarily as defense, and she made the same use of masturbation accompanied by fantasies. It was found that there was a break in the history of her masturbation. After an experience that

mobilized the anxiety of the primal scene she had stopped masturbating, and then after several years had resumed it again most intensively as a sort of compulsive masturbation of a quite different character. Analysis showed that this new masturbation was a defensive measure. She wished primarily to convince herself of the following: 'I am not afraid of my own body, for it really gives me pleasure'. We very frequently meet such attempts to cry down an anxiety, which opposes sexual activity, by means of actual sexual activities which then cannot be enjoyed in a normal way. Thus masturbation and also sexual intercourse can serve for *defense against anxiety*. By the performance of acts which apparently have a sexual character, these patients succeed in repressing their true sexual impulses.

Of course the normal sexual instincts themselves are always *also* contained in such 'pseudo-sexuality'. A phenomenon of threefold stratification results. Sensations which would correspond to original instinctual impulses can still send no derivatives into consciousness; the defense function is closer to the ego and must be interpreted first. To be sure, we must in this connection be clear concerning the relationship between the concepts of 'satisfaction of instinct' and 'defense against instinct'. It will not do to call instinctual satisfaction a 'defense against instinct', as Nunberg [47] does, on the ground that the satisfaction puts an end to unpleasant instinctual tension. When there is no expenditure of countercathexis, there is no sense in speaking of 'defense'. Similarly, when a normal child progresses in its development from anal eroticism to genitality, so that his anal desires are gone, we should not say that he has repressed his anal eroticism by means of his genitality.

In a certain sense the infantile sexuality of the neurotic always has defensive character as well, in so far as it is also a consequence of the anxiety which caused it to take the place of adult genital sexuality. This is particularly clear, for

[47] Nunberg, Hermann: *Allgemeine Neurosenlehre auf psychoanalytischer Grundlage.* Berne and Berlin: Verlag Hans Huber, 1932. p. 198.

example, in the *perversions,* in which the instinctual character and capability for enjoyment are retained in contrast to the 'pseudo-potency' of the compulsion neurotic. Perversions are measures for dispelling an anxiety which is opposed to sexual enjoyment, and these measures do afford a relative enjoyment because they use a partial instinct suitable for dispelling anxiety. One thinks of another example of threefold stratification in the 'return of repressed sadism' in the case of overly kind persons who torment others by their excessive kindness. What we term 'defensive attitude' always has an instinctual side to it as well. The manner in which a compulsion neurotic isolates always contains the isolated factor too; but the isolating function is closer to his ego.

Let us now consider a theory of Alexander [48] which I wish to contradict in order to make these points still clearer. It is his opinion that there are two types of neuroses: the first are those based on a conflict between an instinct and a defensive impulse of the ego, for example between masculine œdipus wish and a fear of being castrated for it; the second are neuroses based on conflicts between two instincts, for example between a masculine œdipus wish and a passive feminine desire to be castrated. We have doubts however concerning the 'conflict between two instincts'. It is the essence of the id that there are no contradictions in it. Instincts antagonistic in content can be satisfied successively or in derivatives common to both (for instance, representation by means of the opposite). To be sure, neuroses of the second type *exist,* but the instinctual conflict underlying them is always a *structural* conflict *as well.* One of the contradictory instincts is situated at the moment closer to the ego, is maintained as an ego defense and reinforced for the defensive purposes of the ego; it is, although instinctual in nature, in a relative sense a defense against instinct, in comparison with deeper, warded off instincts. We need to have a sufficiently vivid conception of the dynamics of the psyche. It is not that a single instinct is in a struggle

[48] Alexander, Franz: *The Relation of Structural and Instinctual Conflicts.* This QUARTERLY, II, 1933. pp. 181–207.

against a defensive impulse; there are always many instincts, many defensive impulses, a living struggle, a mutual interpenetration. Very seldom does a defensive activity bring a conflict to a final standstill. Almost always there is both a breaking through of the warded off instincts in the defensive activity itself, and a further defense against the defensive actions themselves, permeated as they are with instinctual elements. There are reaction-formations against reaction-formations. There exists not only the 'three-fold stratification' of *(1)* instinct *(2)* defense *(3)* resurgence of instinct, but also of *(1)* instinct *(2)* defense *(3)* defense against defense—as when a man passively feminine because of castration anxiety overcompensates and assumes an exaggerated masculine bearing.

Conspicuous examples for the rule that 'interpretation begins on the defense side' are what we may call the 'reversed transference interpretation' and also the 'reversed sexual interpretation'. The 'transference interpretation' says schematically: 'It is not I towards whom your feelings are directed; you really mean your father'. Nowadays there are many patients who, knowing about transference, defend themselves against emerging instinctual excitement by referring to its transference significance. In such instances the 'reversed transference interpretation' is: 'You are not aroused at this moment about your father, but about me'. Not until the patient is convinced of this, can the origin of his emotion be discussed. The 'sexual interpretation' says schematically: 'This non-sexual action has actually a sexual character'. In the case of 'pseudo-sexuality' the 'reversed sexual interpretation' must come first as follows: 'This sexual action or this confession of sexuality is not genuine; it is a defense, an expression of your fear of instincts'.

The contrast between instinct and defense against instinct is thus a relative one. Genetically the energy for defense against instinct is always instinctual energy. The environment and the ego as a representative of the environment alter the character and direction of many instinct components in the course of development. Then they may retransform further what was previously altered, and in this manner stratification

comes about. Approximately and in the rough, the order of the interpretations, that is the order in which the layers become demonstrable, must therefore correspond to the historical order in reverse, the latest coming first, the earliest last. We mentioned before that this pattern is distorted in practice by the 'faulting' that comes about in accordance with opportunities for gratification or with increase and decrease of anxiety in the experiences of everyday life. The occasional appearance of such 'faulting' during a treatment should be recognized. When for example in dream or in behavior there is a preponderance first of one, then of the other of the forces that are in conflict with one another, momentary decisions need by no means be final ones and we must therefore be cautious in making prognoses from dreams. To be sure, at other times the layers are really broken through in the course of the analysis, and this too is shown in alterations of behavior and of dreams. Such a change is then permanent and embraces to a certain degree the entire material of the analysis. How even then there may still be relapses, we shall discuss under the heading of 'working through'.

The contrast between ego and id is a sharp one only where a countercathexis is present; otherwise the two domains shade into each other. 'Derivatives' were compared by Freud [49] with 'human half-breeds'. In a certain sense it can be said that all defense is 'relative defense'; relative to one layer it is defense, and at the same time, relative to another layer it is that which is warded off. There exists in the human psyche a particularly impressive example of this: the superego whose demands, analogous to instincts, are warded off, is in essence itself a defense structure. Thus the rule, 'interpretation of defense precedes id interpretation', does not always mean that one content should be taken up in discussion, another not; more often it means that certain characteristics or connections of a given content should be discussed sooner than others.

The 'interpretation of defense' has certain characteristics

[49] Freud: *The Unconscious.* Coll. Papers, IV. London: Hogarth Press, 1934. p. 123.

in common with 'id interpretation': in the one as well as in the other something is demonstrated that the ego does not see and does not wish to see, but is able to observe after a shift of attention; in the case of the one as well as of the other, with every remobilization of the conflict there are relapses and the necessity of 'working through'; for both types of interpretation the task is to establish the historical foundations of the attitude in question, to reduce the phenomenon to past occasions for which it was appropriate. Now let us consider certain factors specific for 'ego analysis'.

The sexuality of the neurotic it was discovered, had been transformed because of anxiety into infantile sexuality which did not appear directly but which the analyst had to know about in order to unmask its substitutes. Psychoanalysis therefore had first to investigate this infantile sexuality, to be able to point it out so that the repressed impulses might be readmitted into the ego. This was an important task with which psychoanalysis was long enough occupied. The inadequacy of the formula, 'to make the unconscious conscious', the theoretical recognition that it is a matter of eliminating the resistances, led then to the question whether that could not better be accomplished directly through studying the resistances and making them conscious. At this point a theoretical digression that I shall only intimate would be in place. With the study of resistances the contrast between psychoanalysis and psychology diminished. While psychology had as its essential aim the description and understanding of the manifest psychic behavior of an individual, psychoanalysis sought to investigate the *general* laws of human psychic life. The instincts, studied first, were relatively the same for all individuals. When psychoanalysis now turns its attention to studies of the ego too, it starts to study the differences between individuals and approaches the subject matter of general psychology. But in this study psychoanalysis differs from psychology because knowing the instincts from which the ego originates through alterations of them by the environment, it can therefore understand the ego differences among human beings from a causal and genetic viewpoint.

It is important to state something else at this point. So far we have used the expressions 'defense' and 'defense against instinct' synonymously. There exist however defenses against every kind of displeasure, against unpleasant perceptions as well as unpleasant affects, and especially against anxiety. We know that anxiety is in the first place something that the ego experiences when a certain excessive amount of excitation floods the id; later, it is something that the ego uses for the development of defenses against instinct, a *motive* for defense when the ego arrives at the judgment that such a flooding might ensue. If this 'domestication' of anxiety into an 'anxiety signal' succeeds, such an institution might be extremely welcome to an ego oriented according to the reality principle. But the purposive arrangement of an anxiety signal often miscarries: the ego's judgment of the existence of a situation which could become a traumatic one, actually causes the occurrence of this traumatic situation. The attempt to give a warning signal of anxiety acts like a lighted match in a powder barrel, thanks to a damming up of libido that is already present. Only this circumstance is responsible for the application of the powerful quantities of countercathexis in the defense against anxiety that one often observes. There exist defensive attitudes directed not against the situation in which anxiety might arise but only against the appearance of the anxiety *affect* itself. Practically, to be sure, defense against anxiety and defense against instinct frequently coincide, since the pathogenic avoidances of instinct always take place with the purpose of avoiding the anxiety that is bound up with the instinct; moreover there exist avoidances of anxiety anchored in the character which, independent of the condition of the individual's own instincts, seek to evade only external sources of anxiety. For a psychoanalytic characterology these 'defenses against anxiety', as contrasted with 'defenses against instinct', will be of importance.

Interpretation of individual defense mechanisms presents the same difficulties as are encountered in the interpretation of instincts: many things are present at the same time, and only the *relative proportions* decide what is *significant* in a given

situation. Defense mechanisms particularly should be attacked correctly from the *economic* point of view in interpretation. Examples of their confused interrelationships are offered by every compulsion neurosis:

(1) Every compulsion neurosis has warded off objectionable instinctual impulses first by regression to the anal-sadistic level of the libido; in so far as it is a compulsion neurosis however, and not a coprophilia, it has then further warded off with other methods the instinctual impulses that have appeared because of the regression.

(2) Every compulsion neurosis isolates from one another things that belong together but then applies other measures, for example repression, against some of the isolated material.

(3) It is characteristic of compulsion neurosis that the symptoms which serve for defense are always secondarily sexualized, and then must be warded off in their turn. Repeating and counting compulsions offer us good instances of this. Their unconscious meaning is that the act which is to be 'undone' through repetition (in which then the continued repetition can be replaced by simply counting) is supposed to be carried out in isolation from the opposing instinctual impulse; but since this impulse penetrates the defensive repetition, the warding off attitude must be warded off again by a new repetition.

The correct application of the economic criteria of interpretation in the analysis of defense mechanisms is still more important in the case of neurotic characters. These are egos restricted by defensive measures, egos which waste energy through constant countercathexes and lose certain gradations of character through renunciations because they respond to external stimuli only with definite patterns, thus sacrificing liveness and elasticity. By means of these distortions, after-repressions are spared and more acute and fearful conflicts are avoided by recourse to renunciations that take place and become chronic. In this manner the ego-restricting ways of behavior with their aim of anchoring the defense against instinct are not

experienced as symptoms alien to the ego but are elaborated into the ego itself; their chronic activity prevents instinct from becoming manifest, so that instead of a living conflict between instinct and defense, we see something rigid which to the patient himself does not—or at least not always—present any problem. The relative constancy of the defensive attitude in the face of various environmental tasks or instinctual contents is a special problem. We do not wish to pursue this topic further in this study devoted to psychoanalytic technique.

Since we cannot in practice attack any possible constitutional factors, our aim remains to analyze *historically* the defensive attitudes as thoroughly as possible, so that through their analysis the *history of the instinctual conflicts* of the individual is made clear to us. This is accomplished through two lines of procedure: *(a)* by determining the relationship of defensive attitudes to instinct fixations; *(b)* by finding either the historical situations in which the defensive attitudes were relatively appropriate in certain episodes of life in the past, or the manner and means by which the environment has forced upon the individual just this method of defense. The last may have occurred through circumstances which blocked all other possibilities, or through the behavior of persons with whom the individual identified himself.

Three questions now present themselves: *(1)* the question of the relationship of 'character' in general to 'defense', *(2)* the relationship between 'character defense' and other types of defense, and *(3)* the question of 'defense transference'.

The first question does not belong to the problems of psychoanalytic technique. We wish only to remark about it that the concept of 'character' evidently has a broader compass than the 'modes of defense anchored in the character' which we have here discussed. For the organized grouping of the instinctual energies, the manner in which the ego behaves in its instinctual activities, the habitual way the ego unites various tasks with one another in order to give them a common solution, all this too belongs to the 'character'. For analytic *practice,* to be sure, the defense aspect of the character has by far the most outstanding significance.

The second question about the relationship between character defense and other types of defense is an important one for technique. When we consider the defensive attitudes of an individual, we can divide them into occasional and habitual ones. The habitual ones can then be further subdivided. There are persons who assume a certain defensive attitude only in certain situations (external or internal situations involving the mobilization of certain instincts), and other persons who persist rather constantly in a defensive attitude and thus act as if there were continually present instinctual temptations that need to be warded off. Such persons are for defensive purposes impudent or polite, empty of affect or always proving that it is another person's fault, *always* and *unspecifically* and with reference to all or to nearly all people. Such attitudes may be designated 'character defenses' in a narrower sense in contrast to other modes of defense. We have already said that where this type of defense prevails, it is particularly urgent that we work *first* to release the personality from its rigidity because it is in this that the pathogenic energies are really bound. Frequently even in cases in which a living struggle between instinct and defense appears at other places, directing one's attention to the 'rigid' defenses can be of decisive importance.

Patients with character defenses show their character attitudes towards the analyst too. Should one call this a 'transference' manifestation? The answer is yes if transference is defined to mean that attitudes originating in other earlier situations are repeated in the analysand's behavior towards the analyst. If transference is defined as the misunderstanding of the present in terms of the past, the question is still to be answered affirmatively. Here however, one is not observing in relation to the analyst, specific reactions that change in changing situations. The attitude is not specific for the analytic situation. The attitude in question is rigid, general, unspecific, and can therefore be contrasted to a 'transference situation' in the narrower sense, in which the patient reacts to the analyst in a mobile and specific manner, in the same way as at one time in the past he reacted or wished to react to a certain definite person.

Upon what does it depend that one patient produces more of the living 'transference resistance', another more of the 'rigid character resistance'? Does perhaps the latter originate in an earlier period of development when to an ego capable only of partial object relationships the person reacted to was still indifferent? Does the distinction reside in the contrast that in the former case true object relationships are present, while in the latter the persons of the environment are merely means for alleviating intrapsychic conflicts? A more probable assumption is that the difference depends upon whether an instinctual conflict has diffused from its original localization into all of the rest of the individual's life, or whether it became isolated. It depends, in other words, upon whether the ego banishes anxiety and symptoms from its domain after their first appearance by some further defensive measure (the 'transference action' would then be in the escape-discharge), or whether the ego builds the anxiety and symptom into itself, altering its own character. The technically valid rule is that in order to attack them successfully, we must *first change character resistances into transference resistances* exactly in the same well-known way that we, as previously discussed, first change character neuroses into symptomatic neuroses.

Concerning the third question, 'defense transference', the task of analysis as in the 'analysis of defenses' must remain the reduction of the phenomena to their historical basis. The so called 'defense transference' depends upon two things: *(1)* The general human inclination to adjust one's actions according to one's experiences; to retain as long as possible something which once proved to be effective, and when a danger returns, to make use of the same means that once afforded aid against a similar danger—while in the meantime changes have ensued which make unsuitable in the present what at an earlier time was appropriate. Why something which in earlier life was a danger situation fitting to the moment, is retained long after it has ceased to be real, remains a problem. The answer

to this problem may be found in the consideration that because the defensive action was mobilized so early in life, the entire conflict was withdrawn from the reasonable ego, and judgment concerning just that type of danger did not take part in the development the total personality has passed through in the meantime. *(2)* The individual wishes to 'transfer his instincts'. He strives again and again for satisfactions but again and again the ego responds to this striving with the memory of those factors which at a former time caused anxiety. The extremely displeasurable repetition of the 'passing of the œdipus complex' in the analytic transference,[50] seems to me to be only relatively 'beyond the pleasure principle'. The individual strives for the pleasure of gratifying the demands of his instincts and the environment compels the ego to experience displeasure at the point where it wished for pleasure, in order to avoid still worse displeasure. The technical measures to be employed for analyzing the 'defense transference' are evident from what has been said: the attitude in question must be 'isolated' from the judging ego; then it must be demonstrated that it is actively intended by the patient; finally, the anxiety which had been avoided by means of this attitude must be evoked. By carefully regulated *dosage* the analyst can protect most compulsive characters in analysis from suffering intense attacks of anxiety in the course of the treatment.

With so much emphasis on the phenomena of defense, we should not omit the consideration of 'id analysis', wrongly so called. When a patient finally admits into his preconscious representatives of instinctual impulses previously warded off and can recognize them, then we can and should call his attention to them. The fear has been expressed that what thus comes into consciousness is not the instinctual impulse but something that renders it harmless, a game, because one is permitted anything in analysis but in real life everything remains unchanged. In my opinion this objection is sometimes

[50] Freud: *Beyond the Pleasure Principle.* London: Hogarth Press, 1922, Chap. III.

justified. When such a resistance is present, it must be interpreted. Commonly however, the 'analytic atmosphere of tolerance' brings about the contrary and imparts the courage necessary for an attempt to experience the instinctual impulses. One can make thoroughly effective discoveries of impulses in himself which leave no doubt concerning the reality and affective vividness of what is experienced without having really to live them out at the moment, but be able to subject them *in statu nascendi* to the critical judgment of the ego. Finally even the content of the instincts becomes 'the surface'.

Is there something corresponding to 'ego analysis' and 'id analysis' that may be called 'superego analysis'? To analyze the superego is to trace back to their historical foundations defensive attitudes undertaken at the behest of the superego—and this is especially important when these attitudes are at the same time returning instinctual attitudes, as is the case in moral masochism. Superego analysis is partly an analysis of emotional relationships to persons in the environment who have been incorporated into the superego, and partly an analysis of the early history of the instincts. With some patients this will not require any special effort on the part of the analyst, since what has been called 'the education of the ego to ever greater tolerance' is indeed nothing else but a gradual alteration of the superego.

That the analyst should carry on his work of interpretation from a position equidistant from ego, id, and superego, is a rule suggested by Anna Freud [51] which can be paraphrased as meaning that the analyst must see all three aspects of psychic phenomena and in the struggle between them remain neutral. Essentially however, he begins always to work with the ego and only through the ego can he reach the id and the superego; in this sense he is always closer to the ego than to the other two.

[51] Freud, Anna: *The Ego and the Mechanisms of Defense.* London: Hogarth Press, 1937. p. 30.

V

Comments on the Analysis of the Transference

It would be well to present examples for most of the points discussed hitherto; but really to demonstrate what has been said would require the inclusion of entire case histories which is here not possible. We must instead progress from the discussion of 'defense transference', a special case, to the general subject of transference, the most important special area in the realm of interpretation, which has so often been referred to here but not yet considered as a whole.

Disguised or not, driving towards action or degraded to mere ideas, impulses are experienced which are inappropriate to the situation in which they arise. Unsuitable reactions to environmental stimuli, they make use of present reality only to afford a substitutive discharge for otherwise repressed forces. Even when this process goes on to the point of acting out, the discharge achieved upon such a basis is never sufficient, just as catharsis alone is insufficient. What is necessary for adequate discharge is not a single discharge of tension but a permanent dissolution of the countercathexis. Only thus is guaranteed both the liberation of energy hitherto bound up in the defense conflict and the necessary condition that somatically newly produced instinctual demands will continue to find an avenue of discharge open. Acting out may be an eruption of the id although in a disguised form. (The remobilization of old anxieties upon the threat of such an eruption brings about in the transference a repetition not only of the instinct but also of the specific defense.) Such an eruption can be utilized by the resistance in an obvious manner. The patient wishes through it gratification of impulses instead of their confrontation with the ego, wishes a short-circuited substitute for the warded off instincts by means of the 'artificial transference neurosis', in order to spare himself further surmounting of resistances. But acting out too can become a resistance in a less obvious manner, in so far as the hitherto warded off but now recognized unconscious impulses are experienced not in their

correct context but isolated from their true objects, and in as much as the defensive fixations are strengthened by this isolation instead of being dissolved.

Everyone's life is full of 'transferences'. In comparison with analytic transference two distinctions present themselves: *(1)* All actions of human beings are a mixture of reactions suited to various reality situations, and of transference. The more impulses one must banish into the unconscious by countercathexis and which thus are likely to be expressed as 'derivatives', the greater will be the 'transference component' of an individual's acts. *(2)* When the realities to which an individual reacts have a relatively constant, uniform character, the transference components become still clearer; likewise the *demonstrability* of the transference nature of these components is then greater. People in an individual's environment react to the individual's actions, call forth new reactions, and thus confuse the picture. The analyst, on the contrary, is a 'mirror'; he acts to influence the feelings of the patient as little as possible, and the transference character of these feelings must therefore become so much the clearer. Therefore the analyst must regard *everything* that occurs in the treatment, whatever it may be, exclusively as material, and he may not react to the analysand's emotional storms with emotion in return; hence the requirement that the analyst himself have been analyzed.

The statement that the analyst is only a 'mirror' has been misunderstood. It has been correctly emphasized that the personality of the analyst influences the transference.[52] Different analysts act differently and these differences influence the behavior of patients. Thus it is well known, the sex of the analyst plays a rôle decisive for the character of the transference reactions of many patients. It is remarkable that with other patients the sex of the analyst appears to be quite a matter of indifference. They can react with both father and mother transferences to analysts of both sexes in quite the same way. One is again and again astonished by the *relative* indifference

[52] Bibring-Lehner, Grete: *A Contribution to the Subject of Transference Resistance.* Int. J. Psa., XVII, 1936. pp. 181–189.

of the actual occurrences during analysis that serve as occasions for transference reactions.

In what is called 'handling of the transference', 'not joining in the game' is the principal task. Only thus is it possible subsequently to make interpretations. The interpreting of transference reactions, it seems to me, presents no special problem; everything that has been said about interpretation in general, holds true for analysis of the transference: the surface first of all, the defense before the instinct—the interpretation must be timely, not too deep and not too superficial; particularly necessary, preceding the interpretation, is 'isolation' from the critical ego. This isolation corresponds to a cleavage of the ego into an experiencing and a judging portion, which with the aid of an identification with the analyst teaches the patient to differentiate present and past.[53] A successful interpretation of the transference must liberate new warded off derivatives and deeper layers, and as in all interpretation, proves to be a further step in fitting together the separate parts in the mosaic of the entire case. These are the valid criteria for the correctness of an interpretation.

Little is written about the very important practical subject of *countertransference*. The analyst like the patient can strive for direct satisfactions from the analytic relationship as well as make use of the patient for some piece of 'acting out' determined by the analyst's past. Experience shows that the libidinal strivings of the analyst are much less dangerous than his narcissistic needs and defenses against anxieties. Little is said about this subject probably because nothing can act as a protection against such misuse of analysis except the effectiveness of the analyst's own analysis and his honesty with himself. If the analyst knows what is going on within himself, though he will not therefore be free from sympathies and antipathies for example, he will control them. Whether the analyst should be angered by resistances of his patients or should welcome them (because they offer an opportunity for the analysis of defenses)

[53] Sterba, Richard: *Zur Dynamik der Bewältigung des Übertragungswiderstandes.* Int. Ztschr. Psa., XV, 1929.

seems to me a ridiculous question. Whenever one is blocked in any piece of work to which one is devoted, one always becomes angry; whenever a new advance in knowledge is in prospect, one is always glad. The point is that we should allow neither vexation nor pleasure to impede us in the patient observation and historical understanding of the resistances. A clear picture of the variety of the real or imaginable misuses of analysis by the analyst, is obtained through training analyses and supervised work.

There is another danger connected with countertransference: fear of the countertransference may lead an analyst to the suppression of all human freedom in his own reactions to patients. One analyst wished to forbid analysts to smoke in order that they might be *exclusively* a 'mirror'. I have often been surprised at the frequency with which I hear from patients who had previously been in analysis with another analyst, that they were astonished at my 'freedom' and 'naturalness' in the analysis. They had believed that an analyst is a special creation and is not permitted to be human! Just the opposite impression should prevail. The patient should always be able to rely upon the 'humanness' of the analyst. The analyst is no more to be permitted to isolate analysis from life than is a patient who misuses lying on an analytic couch for that same purpose of isolation.

The question as to whether the analyst should smoke during his work is perhaps justified from another viewpoint. Incidental activities of an autoerotic nature, scratching, playing and the like, may under certain circumstances facilitate free floating attention; under other circumstances they can disturb. This depends upon whether such activities afford a channel for the release of interfering libidinal impulses which, thus diverted, can no longer do any harm, or on the other hand, whether they augment the libidinal tension of the analyst and thus divert his attention from the patient. Whether the one or the other is the case depends upon the libido economy of the analyst. The question is identical with the problem: under what circumstances is satisfaction through fantasy a *substitute*

for real satisfaction (thus causing the instinctual desire to disappear); and under what circumstances does fantasied satisfaction merely heighten instinctual tension so that subsequently the individual requires real satisfaction with a still stronger craving. In general, we may conclude, the continual devotion of attention to the patient, imposes upon the analyst so great a damming up of libido that a mild discharge like smoking is more likely than not to be beneficial. The opposite however can be the case.

Translated by DAVID BRUNSWICK

To be Concluded

PSYCHOANALYTIC CASE RECORDS

BY LEON J. SAUL (CHICAGO)

For the past six years, the Chicago Institute for Psychoanalysis has introduced extensive record taking. In general, psychoanalysts have not been in the habit of making extensive records although occasionally analysts have done so. This is probably due to several reasons. In the first place, psychoanalysis in its earlier years opened up an observational field of such richness, that it sufficed to delineate and describe the more significant phenomena in the gross without concern for too much detail. These observations could be made quite adequately without extensive records. Then also, the making of notes or records was of no help in achieving therapeutic results and Freud had advised against note taking during treatment.[1] This whole attitude of concentrating upon the clinical observation of real psychological phenomena in real human beings stood in healthy contrast to much of the old sterile psychiatric record taking. Now however, we have found psychoanalytic case records to be valuable in many ways and it may be worth while to publish this note on our experience with them.

At present the Institute has over one hundred rather complete records. We have found them extremely valuable in several ways. In the first place, although the general clinical features of a case are readily delineated without records, a precise detailed study of the material is possible only if it is preserved and can be reviewed at leisure. The fundamentals of the gross clinical descriptions are now established to such a degree that although many problems remain, it has become desirable and necessary to study the material in greater detail. In the second place, analysts have so far leaned over back-

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From the Chicago Institute for Psychoanalysis.

[1] Freud: *Recommendations for Physicians on The Psychoanalytic Method of Treatment,* Coll. Papers, II, London: Hogarth Press, 1924, Chapter xxix (1912), p. 324.

wards in not taking records that their findings have been unacceptable to other scientists on this partially legitimate basis. Certainly analysts who are sceptical of the research findings of other analysts should have the opportunity to observe the material and test whether or not they reach similar conclusions from it. For this one needs the raw data and not material which has been abstracted by the analyst. Third, case records are indispensable for coöperative research. It is usually difficult to obtain a series of parallel cases and the number that any one individual can analyze is very limited. With records available, it becomes possible to compare many cases for their common features. Moreover, by going over the records at fortnightly meetings, the actual dreams and associative material can be studied by the group and conclusions reached as the result of joint study and discussion.

Gastrointestinal *(1)*,[2] hypertensive *(2)*, asthmatic *(3)*, and suicidal *(4)* patients have been studied in this way at the Chicago Institute. Certain types of research depend entirely upon the availability of accurate and relatively complete records, for example, microscopic study of dreams *(5)* or the detailed changes in dream and associative material in the course of the analysis and of the learning process *(6)*. They are also indispensable for the study of correlations of the analytic material with physiological data; for example, changes in the menstrual cycle *(7)*, spirograms *(8)*, electroencephalograms *(9)*, blood pressure *(10)*, etc. With records, the experience of many analysts is open to the investigator.

The content of the records themselves raises certain problems. Indeed a good record is like a good history: to make it requires skill and experience. Naturally the more verbatim it is, the more valuable it is. But where some patients present great amounts of verbose resistance material over long periods, the value of the record is overbalanced by the burden of making it. Such a record could be utilized for the study of certain forms of resistance, but then it is usually better to make such records for that specific problem rather than incur the difficulties for

[2] Bibliography appended.

the sake of future study. The record should contain an adequate description of the patient, family history, development, personal history, physical history, present illness, and the present life situation. Each hour should contain a record of the physical signs and symptoms, for example, of the blood pressure in blood pressure cases, asthmatic attacks when they occur, headaches, menstruation, etc.

The kind of record obtained depends largely upon the method used in making it. Several methods have been tried by the Chicago group. Making notes after the day's work has obvious advantages but means a certain selection of material. Making notes immediately after the analytic hour reduces the amount of selection and most analysts can pretty well reproduce the hour in ten to fifteen minutes of writing after some months of doing this. Selection can be further reduced by making very brief notes during the hour and writing up the material after the hour from these. These two methods usually result in rather brief records. The most complete records can be made by taking down the patient's utterances during the hour itself. Each analyst develops his own style of shorthand and after some months of practice, it is possible to make nearly verbatim records in this way. The interpretations can not be got down extensively, but notes can be made as to their content and then they can be entered after the hour. If this is not done, the content of the interpretation is merely briefly indicated. Perhaps some day electrical recording will become generally feasible.

Different analysts in the group prefer different methods, and no rigid rule has been followed as to the method to be used. There is little doubt, however, that the most complete and objective records are those obtained by writing during the hour. The patients themselves rarely if ever object to record taking during sessions. On the contrary, they usually complain if the analyst omits doing so. The analysts have different reactions to the taking of records according to their individual temperaments. All agree that record taking requires additional energy and this is the source of many of the objections

to it, particularly as most analysts overwork. Also some patients are too acutely upset for the analyst to feel justified in writing during the hours, and occasionally such acute hours may occur in any analysis. Some analysts object to writing during the hour because they find it to be a distraction and where this is the case it is of course a serious objection. But others find that it helps their concentration. This is evidently a matter of personal temperament. It is sometimes objected that the records themselves are not valuable because the patient's utterances are not everything; however they are the central material with which the analyst works, nor is the analyst's intuitive reaction missing from the record if he includes his interpretations. In fact, such record taking even has certain good effects upon the technique of some analysts in that it brings out how much of his interpretations are based upon intuition alone and how much on the actual associative material. It therefore tends to place the reliance of the analyst in his understanding of what is going on in the patient more on the basis of knowledge and understanding of the patient's material, and less upon intuition alone.

There are two other uses of these records which have not been mentioned: for pedagogical purposes and in the practical handling of certain cases. The records have been used but little for teaching at the Institute, but a case seminar in which Dr. Alexander used a very complete record of one of his cases proved most instructive. Records also enable the analyst to go back over the material of his own cases. Looking at earlier case records he can see his own mistakes, study them, learn from them, and can get helpful criticism from more experienced analysts. In this way he learns not only about his own errors but also how the patients reacted to them. Besides this, the records of current cases afford birds-eye views which are otherwise very difficult, probably impossible to achieve. For example, reading through twenty or thirty successive dreams with associations usually brings into clear relief a main theme which was not otherwise so clearly grasped. This is of importance in many cases, for example, when a patient is

acutely disturbed and when it is difficult to keep a firm grasp of the central problem. It is often useful for the practical handling of a case to have a record of the dreams, even if no other data are preserved. The records can thus be an important tool in therapeutic practice as well as for teaching and research purposes.

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10 *Loc. cit.*

ON CERTAIN PROBLEMS OF FEMALE SEXUAL DEVELOPMENT

BY KURT EISSLER (CHICAGO)

Although those authors who are inclined to assume a stronger erogenicity of the vagina in the little girl than is generally admitted frequently base their arguments on clinical experience *(1)*, there has never been undertaken a systematic report on the case studies from nonanalytic sources upon which this study is based.[1] The data to be discussed by no means support any specific theory. At most they indicate that one theory is more probable than others. An attempt will be made to show what rôle in theoretical discussion the hypothesis of an infantile shifting of vaginal drives might play, and what difficulties such an hypothesis might remove.

Infant female sexual development culminates first, in the turning away of the little girl from her mother and the formation of a passive libidinal attachment to her father; second, cathexes and sensitivity are shifted from the clitoris to the vagina. These two phenomena are often considered separately, although it seems to me that there is an intimate connection between them and that the former cannot be adequately discussed without definite assumptions concerning the latter.

The rich literature on the deyelopment of female sexuality does not supply us with clear conceptions to account for the process of the turning away from the mother. Freud states that the girl's turning to the father is more than a mere change of objects *(2)*, since her relation to the mother ends in enmity. It seems like a partial change of objects: the love emotions are directed towards the father, the emotions of

[1] This study, in so far as it is not an original report of cases, is merely hypothetical, even where its style does not seem to conform to this statement. It was written in 1936. Literature since that date, particularly the study of Müller-Braunschweig (Int. Ztschr. f. Psa., XXII, 1936), is not included.

hatred remain attached to the mother. Simultaneously, however, there appear emotions which change the direction of the little girl's fantasies (push towards passivity) or which at least correspond to a shifting of emphasis. The question might therefore be raised whether we deal with the establishment of an altogether new sexual organization *(3)*. The explanation of these processes must undoubtedly be based to some extent on biology; it is, however, an open question whether biological facts beyond penis envy and the castration complex have to be taken into account and whether these might not suffice to give us an understanding of the development up to the latency period.

Those motivations referred to by Freud as leading the girl to the œdipus situation seem in the final analysis to belong to a group of accessory conditions; the psychic transformation of the girl into the woman is dependent more on the aggression of men than on forces latent in the girl herself *(4)*. Let us refer in this connection to the differential genesis of the male and female castration complexes. Formation and efficacy of the male castration complex depends by no means on sporadic observation of external events alone. Stärcke *(5)* among others has shown the initial pregenital steps: those unavoidable experiences of the child which upon attainment of the phallic phase have already prepared him for the formation of the castration complex and which certainly represent an important contribution to the individual history of the castration complex. The observation by the boy of the female genital organs accelerates the establishment of the boy's castration complex and intensifies it. We must, however, assume that even without making such observations he would have come under the influence of the castration complex. It seems to be different with the girl who apparently cannot establish a castration complex without having observed the male genital organ *(6)*; furthermore, the specific factor in the interplay of causes which help to end the preœdipal phase seems to deviate in one decisive feature from the con-

ditions underlying such a transformation as usually stated by the psychoanalytic theory. Should this specific factor in turning away from the mother actually be the belief of the little girl that her mother is responsible for the child's lack of a penis, then an extraordinary consequence must be attributed to this accusation important above all other reproaches of the child. The discovery of being at a disadvantage is in itself not sufficient to accomplish such a fundamental change in the child's object relations. Nevertheless the condemnation of the mother as responsible for this disadvantage (the castration complex) brings to an end the precœdipal phase of the girl. If so, this would constitute the first instance met with in psychoanalytic investigation of a fantasy, exempt from any justification in reality *(7)*, that is not only useful, but necessary in the development of a group of human beings.

This fantasy is not at all similar to the castration fear of the boy, essential for the establishment of his superego. The content of his fear is patently irrational: boys are not castrated nowadays. But his fear focuses on an event that actually happened in former days and that is in the realm of possibility today, an event which in any case represents an implied threat from the boy's environment as translated into the child's language: the demand to relinquish his phallic strivings, to restrict his instincts. This request is erroneously if unavoidably experienced as the threat of castration. The boy's unconscious gives this meaning to numerous of his experiences.

The fantasy of the little girl that the mother has dispossessed her of a penis needs an entirely different interpretation. It is completely unrealistic since no real psychic or physical occurrence can be correlated to it. It is therefore hard to believe that it has a productive action. It would represent the first instance of our having to welcome, on the basis of our analytic knowledge, the presence and persistence of a 'neurotic' fantasy. Very possibly this represents a new problem in the education and in the psychoanalysis of children.

The realization of her own poorly developed organ would

however not necessarily lead the girl to assume the same about her mother, but would admit of the belief that the mother's organ is better developed. The clitoridean instinct is phallic in nature, the clitoridean claims for satisfaction existing independently of any penial observation *(8)*. Even should the sight of the male genital organ cause a restriction of phallic tendencies, this observation of a plus, need not lead to the conception of zero. The elaboration of a fantasy of beings with genital organs of different sizes would be the most natural conclusion. Since the clitoridean claims for satisfaction continually remind the little girl of her small penis, she might say to herself: 'I have a small one, my brother has a bigger one, and mother who is so strong surely has an even bigger one'. But such a phase of development seems not to exist according to published reports. I have had occasion to observe in a three-and-a-half-year-old girl the elaboration of such a series referring to the size of the breast with a conclusion drawn as to a third person.

It would be more in accordance with the mode of operation of the unconscious if some other experience of different character were found to be responsible for the accomplishment of the girl's new œdipal orientation. Such an experience would be the discovery of a hollow organ in the immediate vicinity of the spot that, so the little girl thought, harbored in each human being an organ capable of penetrating—that is the discovery of the 'counterpiece' of what was one of the central parts of her conception of the human body. This discovery might very well be introduced by the observation of the penis, since the observation of the different character of the male genital organ might bring about a short intensified occupation with her own genital organ which then ends in turning away from the clitoris. The discovery of a hollow organ would furthermore transform her conception of quantitative differences between the sexes into a conception of qualitative differences, thus drawing the mother into the sphere of the same sexuality. This discovery and its projection upon the

mother would then signify the experience that wish fulfilment through the mother, passively or actively, is impossible since neither mother nor daughter have an organ for penetration. The danger of aphanisis *(9)* compels the girl to turn to the father or to another object. This intermediary phase being lacking, it cannot be quite understood why the little girl should not as a general rule persistently establish a passive relation to the mother.

We may undoubtedly expect a particularly wide range in the individual variations of how the vaginal drive is expressed, how it is employed, what reactions to it are formed, etc. The difficulty in advancing a theory on this problem has a parallel in the difficulties the individual meets in elaborating the claims of this drive. One should not forget that if a stage of increased vaginal erogenicity actually develops during the transition from the precœdipal to the œdipal phase, this development takes place under circumstances to be met with nowhere else in the psychology of instincts.

It is well known that in the development of an erogenous zone and in its position and anchorage in the system two facts are of primary importance: an erogenous zone serves the functions of purposeless gain of pleasure on one hand, and of self-preservation on the other; thus the mouth serves the infant's pleasure–sucking and the intake of food. Even though each erogenous zone does not participate directly in a self-preserving function it will receive stimuli from such a function; the clitoris for instance, in the procedure of cleansing the genitals. The vagina occupies a special position among the erogenous zones known to us, since it serves only the gain of pleasure and is not concerned in any function of self-preservation. Moreover it is located in the vicinity of two competing organs which are sources of pleasure readily exposed to touch and stimulated during performance of technical functions important to the ego. The vagina will raise its claims at a period when the ego has already attained an advanced stage of organization and when, probably, the superego is beyond its

initial stages of organization, that is to say, when the ego has a number of defense mechanisms at its disposal. If mechanisms warding off the claims of an instinct are very much advanced when this instinct first demands satisfaction and if there is no secondary function of self-preservation which again and again compels the ego to take notice of it for the sake of self-preservation, and if moreover, the hidden location of the erogenous zone introduces a certain mysterious quality and makes stimulation and satisfaction not easily accessible, we may suppose that sensations emanating from such a zone are either subjected to a particularly strong rejection or else are interpreted as already known, and emanating from a different source, in this instance from the anus or clitoris *(10)*. Other motives for rejection have repeatedly been mentioned by authors on the subject. These circumstances apparently do not only present a special task for the individual but require also different methods of investigation and perhaps new conceptions.

The development of the little girl seems to be complicated by yet another problem: the difference in ambivalence between boys and girls. In the boy's relation to his mother his rivalry with the father plays an important rôle at an early stage, enabling him to dispose of his negative feelings towards the mother in the form of hatred against the father. That the little girl does not do this can perhaps be correlated with a specific female ambivalence in the original meaning of this conception: the simultaneous occurrence of an active emotion and of its passive opposite *(11)*, in our case the simultaneous occurrence of active clitoridean and of passive vaginal tendencies *(12)*. The duplicity of the source of instincts might perhaps account for the different manner in which boys' as contrasted with girls' active and passive tendency regarding the mother are experienced. It is easily conceivable that whereas a boy, when observing sexual intercourse of the parents, would unambiguously react thus: 'This must not happen to me, but I would like to do it,' a girl might not have

a definite reaction. Corresponding to her opposing tendencies the solution would be passive devotion to the father and active taking possession of the mother, but for many reasons this double track of instincts and objects seems impossible. That the aim of her instincts is thus less certain than it is for the boy might be another reason why in the girl the instincts are centered around a single object for such a long period. If an instinct aims actively and passively at one and the same object a relation of bondage is most easily established.

One is justified in this connection in asking for definite and unambiguous data on the relationship of the biological sphere involved in each case to the corresponding fantasies. We have to state the conditions which allow the coördination of a fantasy with a certain erogenous zone or a certain source of instinct, just as Robert Koch stated the conditions which have to be fulfilled for safely regarding a germ as pathogenic for a certain disease. It seems that the different views held on the significance of the vagina in infantile sexual life could to a very great extent be reconciled if this task were accomplished. Since general problems dealing with the psychology of the instincts underlie this entire discussion, and since it is apparently possible to study the dynamics of one instinct under special ego conditions, such a study gives promise of some insight into the general character of the instinctual drives.

A comparison of the theories of female sexual development as advanced by various authors appears particularly attractive since it may result in reducing the existing disagreement to a difference of opinion about the individual fate of the vaginal instinct. In examining various theories from this point of view we first of all recall the important distinction, introduced by Marie Bonaparte, between passivity and masochism *(13)*. The 'regressive turn to masochism' *(14)* is the masochistic elaboration of an instinct with strongly passive aims. This represents the well known case of an instinct making use of a second instinct for its satisfaction. That vaginal impulses are to such a great extent used for

masochistic satisfaction need not only be a result of their passive character. It may result as well from the circumstance that the forces which are basic for them have no self-preserving function. Hanns Sachs *(15)* connects the 'intense tendency to incorporate the father in an oral way' which he observed in the œdipus phase of many girls, with 'vaginal sensations dimly felt for the first time during this period'. This then would mean a transposition from below upward. Without discussing Rado's *(16)* theory in detail we may mention in this context the hallucination of the desired penis as one of the reaction-formations of vaginal instincts. Vaginal instincts may also be one of those constitutional factors which decide whether the girl persists in clitoridean activity and thus avoids the push to passivity, or whether the passive aims will be the stronger ones and will defeat the active aims *(17)*. Among the manifold fates this instinct may suffer, another one must be noted which brings about a dysfunction of the vagina itself: the leucorrhœa *(18)* of girls which Jones among others mentions as a symptom of vaginal cathexis. This symptom seems indeed to be an irrefutable proof of vaginal awareness and activity during infancy whatever fantasies may have been pathogenic for the leucorrhœa. Pathology of the infantile vagina is perhaps generally underestimated. Two cases have been reported where, other results of the examination being normal, vaginal concretions were found when no object had been introduced into the vagina *(19)*. One case was that of a six-year-old girl, suffering from urinary incontinence since birth who had nine concretions in her vagina. The formation of the concretions was explained by the authors on the basis of the presence of fissures in the hymen, and attributed to a piece of padding that might have been introduced because of the urinary incontinence. The second case is that of a six-and-a-half-year-old girl, also suffering from incontinence. The concretion was six centimeters long, weighed twenty-five grams and consisted of oxalate of calcium with no inclusion of a foreign body. Most surprising is the report that non-specific leucorrhœa was

found in twenty per cent of cases in a mass examination of children *(20)*.

Some facts concerning the physiological development of the infantile vagina *(21)* seem noteworthy in this connection, although they are in my opinion inconclusive for a psychological theory because of the uncertainty of their genesis. The vagina of the newly born girl is usually free of germs. Its secretion has an acid reaction, the acidity attaining its maximum during the first weeks, decreasing during the first month, yet persisting up to the fourth or sixth month. It then changes to a neutral or even alkaline reaction. According to some authors acidity is caused by the vital activity of the vaginal mucous membrane, its degree regulated by hormones of the mother's ovaries or placenta. Ten days after birth micro-organisms invade, bacilli being preponderant during the first period and cocci later on. As a general rule there is another abrupt change towards acidity some weeks before the onset of menstruation, replacing the rich mixed flora of bacilli and cocci by a pure flora of vaginal bacilli. Thus the physiological history of the vaginal mucous membrane up to onset of menstruation is not uniform and limited to metabolic processes, but shows a differentiated history whose course seems to be regulated by hormone action.

Alterthum *(22)* who denies a venereal etiology of gonorrhœal infection in children in the 'overwhelming majority of cases', observed that the infected children were mostly 'strikingly handsome, physically and mentally well developed and well cared for'. The age distribution for eight hundred and sixty-seven infected children of whom only fifteen were boys showed figures for ages up to fifteen years in a decreasing series, only one child of fourteen and one child of fifteen years being affected. The greater percentage during the first five years of life is very striking and has been noted by many observers, and particularly between the second and fourth years. Alterthum assumes a connection between this fact and 'certain anatomical changes in the genital organs of children, in particular of the vagina with increasing age'.

Let us turn to reports of cases revealing direct evidence of vaginal masturbation. Some of the children practicing vaginal masturbation with the help of an object are later taken to a physician because the anatomy of the infantile genital tract may cause retention of the object and thus irritation (sometimes a decade later). Such children are taken to a physician because of persistent leucorrhœa, pains, less frequently because of hæmorrhœa, stenosis, cystitis, and the true cause is often found only after a long futile treatment. It is thus not surprising that physicians have frequently mentioned finding foreign bodies in the infantile vagina, but since their interest was different from ours, the anamnesis has hardly ever been pursued to disclose the facts important to us.

We shall later on meet objections against the utilization of such reports as follow. Lallich *(23)* reported all cases of objects in the vagina published before 1899 and those cases where the object was introduced at an age that is of interest to us are taken from his report. Unfortunately Lallich does not cite any references. I am therefore limited to his excerpts of the reports. Two pebbles were found in the vagina of a two-year-old child, and two large concretions were removed in another case. In the latter case of an eight-year-old girl, the center of the larger of the two concretions was a brass button that the child had introduced when two-and-a-half years old. Two pebbles were found in a third case which, as was disclosed in the anamnesis, the child had introduced when playing on a beach. A roll one and three-quarters inches long and five-sixths of an inch wide was extracted from the uterus of a thirteen-year-old girl. It had been introduced four years previously. A thirteen-year-old girl introduced a bobbin after her first menstruation. A hairpin was extracted from a six-year-old girl which she had introduced two years previously. Lallich reported a case that he himself had examined of a sixteen-year-old girl, from whose vagina forty-two pebbles having a total weight of two hundred grams were extracted. The stones were arranged in such a way that the smaller ones were

nearer to the portio vaginalis, the larger ones nearer the introitus. Those introduced latest had retained their facets, whereas the others were smooth from mutual friction. An anamnesis was not obtained, but Lallich assumed that the stones had been introduced for masturbatory satisfaction and that the vagina had stretched through their repeated introduction and retention.

A very impressive case is described by Stöber *(24)*. A two-and-a-half-year-old child suffered for three weeks from a painful discharge. Two cherry stones, two pebbles, a spike of wheat, bits of egg shells, a plum stone and two wood splinters were removed from her vagina. According to her mother these objects had been introduced by a six-year-old brother; this however was found to be an unconfirmed assumption. Stöber considers masturbation to have motivated this activity (on the basis, it is true, of erroneous conceptions of infantile psychology) *(25)*. Höhne *(26)* removed a hairpin which a four-and-a-half-year-old child had introduced a year previously. The pin had dropped from her hair shortly before Christmas and she had 'playfully it is supposed' introduced it into the vagina. In spite of violent pains immediately thereafter the child did not tell her parents after their return from an absence because the pain was milder and because she was afraid she would not be given her Christmas presents. She had tried to soften what slight pain she felt by assuming the knee-chest posture. The same method for relieving pain is described by Nixon *(27)* in a four-and-a-half-year-old girl who had a safety pin in her vagina. Höhne also attributes the introduction to masturbatory intentions of the child. Dietrich found a spike of wheat in a six-year-old child who for a year had suffered from leucorrhœa. Horn *(28)* found a cartridge shell, three centimeters long and five millimeters wide, in a five-year-old girl. Ebeler *(29)* found a cork seven and a half by three centimeters in an eleven-year-old girl who for two-and-a-half years had had a discharge. According to the girl, the cork had been introduced by a girl pupil of the same school.

Krause *(30)* reports on a six-year-old girl suffering two years from leucorrhœa caused by a hairpin allegedly introduced by a servant girl in revenge for having been given notice. Natanson *(31)* reports the case of an eight-year-old girl who suffered two years from leucorrhœa caused by a button; Rosmarin *(32)* writes about a six-year-old girl in whom a small dichotomic cherry twig was found.

The most detailed consideration was given to this question by Offergeld *(33)*. That foreign bodies are comparatively more frequently found in the vaginas of children than of adults is thought due to the structure and tone of the infantile genital organs which make for the retention of objects. The hymen acts like a valve; objects can under pressure be pushed in, but it then obstructs their passage in the opposite direction. Offergeld reports the following cases: a fifteen-year-old girl had introduced a powderbox (four and a half by two and a half centimeters) some years previously. The vagina of a two-and-three-quarters-year-old girl contained the lower part of a little box with which her mother had given her to play. The hymen showed perforations in two places. The circumstance that this little box contained permanganate crystals which the mother used for her own genital hygiene is certainly remarkable and admits of psychological inferences. Imitation seems to be the likely motive. Offergeld further reports that during the last war spies used to transmit secret messages by hiding them in the vaginas of little girls. A six-year-old gypsy used to procure money from soldiers by performing tricks and by putting the money she received into her vagina in order to get more. When once she introduced a larger coin she could not retrieve it and had to consult a physician for help.

Among the reports are a few in which the introduction was performed by a second person. C. Simon *(34)* tells about a ten-year-old girl whose mother introduced into her vagina first one, then two fingers and finally an oblong stone, in order to prepare her for painless intercourse with men. Offergeld *(35)* reports that a boy was most skilful in introducing

objects into the vagina of a little girl and was equally skilful in retrieving them, a task which taxes the adeptness of the surgeon. Offergeld holds that to children of both sexes, the infantile vagina has a special attractiveness as a hiding place for objects which then can be retrieved as desired. Rouvier *(36)* tells about a seven-year-old child in whose vagina a nutshell had been introduced seven months previously during mutual masturbation. Levy *(37)* found a pearl button in a nine-year-old girl. When questioned she said that a classmate had put it in during masturbation.

In a sense, foreign bodies introduced into the bladder may be included in the same context. Hottinger *(38)* tells about a five-and-a-half-year-old child that had herself introduced a hairpin, and about a three-year-old girl with bladder stone formed around a shoenail. Vincent *(39)* reports the case of a nine-year-old girl who at the age of six had introduced two hairpins into her bladder.

These clinical references will probably raise certain objections. We certainly cannot consider as conclusive the opinion of some authors (Offergeld, Höhne, Dietrich, Lallich) that masturbation is the only cause for the introduction of foreign bodies, since the conclusion of nonanalytical investigators should not be accepted and since knowledge of the manifold character of the infantile instincts (cf. Höhne) is absolutely necessary for the evaluation of the factors involved. Another objection can easily be anticipated: is it indeed true that in most of the cases cited, the foreign bodies were not introduced by someone else? It is commonly agreed that seduction stimulates the infantile vagina and thus can make it into a permanent source of impulses. Freud writes: 'Seduction regularly disturbs the natural course of the development; it frequently has far-reaching and lasting consequences.' *(40)*

The spontaneity of vaginal sensation and needs is doubtful. We can but touch the general problem of the psychology of instincts which is basic for this question. The analogous question in the boy's sexual development is this: does the male infant

'discover' his penis or does not rather the erogenous zone itself claim satisfaction by spontaneous stimulation? It seems plausible to assume that exogenous stimulation does not create anything new, but rather that it increases quantities present, that it establishes or strengthens the position of an erogenous zone in the ego and that it brings certain mechanisms into play which elaborate the increased instincts. Outside stimulation (seduction) thus does not initiate an erogenous zone, but merely modifies the structure of a source of instincts which is active even without outside stimulation. Yet even this consideration does not answer the question we have raised: may an appreciable erogenicity of the vagina be concluded from the clinical observations, or is high erogenicity the consequence only of strong outside interferences? Two arguments can be advanced in favor of a spontaneous reaction: the selection which determines what foreign bodies are found introduced, and the guilt feeling manifested in the attempt to keep the occurrence a secret in some instances in spite of great pain. The oral significance of the vagina is clear in one of Stöber's cases where eggshells, etc., were found in the vagina and in one case cited by Lallich where a yellow carrot was found. In the latter case and possibly also in the first one an anal quality might be discernible in the tendency to fill oneself. The choice of the objects is a manifestation of what we find often as fantasy in girls and women, a fact we would expect from a manifest satisfaction. In Stöber's case the vagina might, besides, have been given the function of incorporating such material as cannot be incorporated by mouth. In almost all cases in which other persons introduced the foreign body, it is oblong, penis-like. Two instances illustrating this clearly can be found in the literature. Abels *(41)* tells about two girls of seventeen and nine months respectively in whose bladder someone had introduced objects: there was a woman's hair twenty-five centimeters long, tissue fibers and bits of paper in the one, and paper and starch in the other. In both cases the material to manufacture a bougie was found—hair and

starch. In one of Levy's cases where a boy was supposed to have introduced a button into the vagina of a nine-year-old girl we are rather inclined to assume a masturbatory act. It is true that reports contradictory to this assumption are occasionally encountered: the case of a grown-up girl whose vagina was filled with pebbles and soil by three boys who attacked her. Her considerable injuries showed that she had not introduced these objects herself. The objection that such children had previously been the objects of a vaginal seduction remains to be met. I cannot meet it in any other way than by pointing out that nothing in the reports speaks in favor of it. Neglected surroundings are rarely reported and the hymen where it is mentioned is described as almost intact. In the case reported by Offergeld where the hymen showed indentation at the edges we seem to have to do with a case of imitation of the mother's way of genital care. But we can hardly consider including such observation and imitation as among the circumstances 'disturbing the natural course of development' *(42)*. Quite different from these cases is another one reported by Lallich of a four-year-old girl whose hymen was recently torn and whose vagina was intensely inflamed because another person had brutally pushed in his finger. Lallich holds that outside interference will give rise to coarser injuries of one kind or another, whereas masturbation leaves the genitals relatively uninjured.

A guilt reaction is evinced in the endeavor to keep the causes of the pain secret. In two cases only was the mother told what had happened. Both these cases were reported in the French literature *(43)*. A four-year-old child suffered from oxyuriasis. The worms crept out of the rectum to the vulva. The mother used to remove them from the rectum with the help of a hairpin, but one day when she had no time to do it, the girl tried to perform it herself. The hairpin got into the vagina and the girl could not reach it, whereupon the child immediately informed her mother. This behavior is utterly different from what we are accustomed to find; there is no

reference to masturbation in this report. This, incidentally, is the only case found in which the presence of Oxyuris is mentioned. The second case is that of a three-year-old girl who sobbingly told her mother she had lost a pin *'dans son bibi'*. The needle was five centimeters long, its top being of the size of a pin.

In summary, it seems possible that the little girl discovers her vagina spontaneously before puberty and strives to gain adequate autoerotic satisfaction from it. Outside influences, inner inhibitions or hereditary constitution may, however, prevent the discovery; but spontaneous discovery seems theoretically possible and the realization of this possibility would have to be taken into account in a description of normal female sexual development. The undecisiveness of psychoanalytic authors in sketching a scheme (as is relatively readily done for boys) of the normal sexual development for girls seems correlated with the comparatively infrequent realization of a normal development which apparently requires ample vaginal cathexis in childhood. That psychoanalytic reports *(44)* on vaginal masturbation are so infrequent shows only how difficult it is for the little girl to attain direct vaginal satisfaction. Some of the reasons for this have been discussed above.

It is certain that outside influences are much more effective in preventing vaginal masturbation than in preventing clitoridean or penial masturbation. Much more freedom is required to advance as far as the vagina whereas even the strictest vigilance of the family will give opportunity for activity with clitoris and penis. The cases discussed here perhaps allow one to conclude that discovery of the vagina is possible before puberty or sexual intercourse, even without seduction or anomalous constitution. I can, however, by no means agree with all arguments of those authors who attribute

to the vagina an important rôle in infantile sexual development. Let us discuss some arguments of this kind.

Hann-Kende *(45)* refers, among others, to embryological facts to prove the secondary importance of the clitoris as compared with the vulva and vagina. This manipulation of embryological facts seems to me a misuse of biogenetic methods since they are applied without any consideration of function. It is as though, merely on the basis of the homology of utriculus prostaticus and vagina, one were to attribute a particular importance in male sexual life to the utriculus prostaticus or were to base on this homology a theory of the bisexuality of man which actually can be based only on the bisexuality of the whole, including the somatic cells *(46)*.

The second argument against which I would like to raise an objection is the conclusion which Josine Müller *(47)* draws from the defense against or repression of vaginal sensation in frigid women and from the behavior of neurotic girls at the onset of menstruation. If I understand this argument correctly it means that defense against vaginal sensation in the adult presupposes the knowledge of this sensation in earlier stages. The circumstances discussed above which hinder origination and spreading out of vaginal sensation in childhood will exert an even stronger influence during puberty. Even if vaginal sensation occurs for the first time during puberty its instantaneous repression can be understood in terms of the tendencies of the adult ego without presupposing any such experiences in previous years.

As to the assertion of Payne and Brierley that an early vaginal sensitivity of infants exists during sucking, we should bear in mind the flooding of the newborn organism with the mother's hormones. There seems to develop a general sensitization of the erogenous zones, particularly of the genital organs. Such phenomena, however, which do not bespeak an indigenous sensitization but are referable to maternal heredity require a fundamentally different evaluation.

Translated by JULIA MEYER

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41 ABELS, H.: *Über Harnblasenerkrankungen bei kleinen Mädchen durch bisher nicht beobachtete Fremdkörper.* Wien. klin. Wochenschr., XXV, 1912, p. 1833.

42 FREUD: *Loc. cit.*

43 FABRE, P.: *Une épingle de cheveux dans le vagin d'une filette de quatre ans.* Gaz. méd. de Paris, 1897, p. 148. MORESTIN, H.: *Corps étranger du vagin chez une petite fille de trois ans.* Ann. de Gyn., LIII, 1900, p. 235.

44 One gains the impression that infantile experiences of direct vaginal satisfaction can only with great difficulty be made conscious. That reports on it in the psychoanalytic literature, at least in the German publications, are so rare seems to support this impression. Its occurrence is apparently more readily observed from outside. LAMPL DE GROOT, J.: *Zur Entwicklungsgeschichte des Œdipuskomplexes der Frau,* Int. Ztschr. f. Psa., XIII, 1927, p. 272, refers to the report of a mother on such occurrences in her children, but does not report on any such observations in her analytic material.

45 HANN-KENDE, FANNY: *Über Klitorisonanie und Penisneid.* Int. Ztschr. f. Psa., XIX, 1933, p. 425 ff.

46 Among others FISCHEL, A.: *Entwicklung des Menschen.* Verlag Springer, 1929, p. 665.

47 MULLER, J.: *Loc. cit.*

PENIS ENVY AND URINARY CONTROL; PREGNANCY FANTASIES AND CONSTIPATION; EPISODES IN THE LIFE OF A LITTLE GIRL

BY WILLIAM G. BARRETT (BOSTON)

The series of incidents which are described in this paper occurred in the life of a little girl, between the ages of two-and-a-half and four-and-a-half years, and were connected with her efforts first to deny her lack of a penis and then to compensate for this lack by achieving an identification with her mother. The observations were reported to the writer by a mother of unusual insight and some psychoanalytic experience. It is fortunate that her approach to the problems was free both from the exuberance of new knowledge and from any urge towards experimentation. On only one occasion, which will be described later, did she seek professional advice with respect to the handling of a specific problem.

The first incident occurred at the age of two-and-a-half years. The little girl was having her daily bath. As had been the practice for the previous year she was sharing the tub with her brother, two years older. He was standing up at the foot of the tub facing her, while being soaped all over. She observed him thoroughly, then looked away and with a dreamy gaze and voice remarked, 'Boy just has a little wee-wee-er. I have a Daddy-one.' This observation was not received kindly by the brother who vociferously defended the size of his organ and with some asperity pointed out that, as a matter of fact, she had none at all. The little girl remained entirely unaffected by his outburst, giving him but a single cool glance as he berated her. When he had quite finished she reiterated with the same far-away look, 'Just a little one, sure', and smiled knowingly.

From the circumstances of their upbringing it seems likely that this was for the little girl the first definite verbal state-

ment regarding the anatomical difference between them. But that her first statement should involve a complete denial of reality indicates that a long and bitter struggle had already taken place silently in the child's mind.[1] Clearly Polly was dissatisfied with her external genitalia and compensated by means of a fantasy in which she pictured herself with a penis as large as her father's. Her interest in observing her father's and brother's urination had been increasing during the period immediately preceding the incident in the tub, and following it she began to develop a certain shyness about her own need to sit down to urinate. During this period she attempted several times to urinate standing up, in imitation of her brother, and was reluctant to accept the dismal failure which resulted.

With the increased shyness at having to sit on the chamber pot she began to wet herself. Her training, though not complete, had progressed satisfactorily up to the time of this incident; now she began to wet regularly at night and frequently during the day. Reminders that she had been successful previously were of no avail. Her reaction to the wettings was sometimes shamefaced and sometimes a boisterous denial wherein she blamed her doll, or the dog, for what had occurred. At the slightest hint of scolding for this, and sometimes spontaneously, she would cry bitterly. She became reluctant to urinate in the presence of her brother, and her father's presence was an infallible deterrent. The mother attempted to help Polly by taking her to the pot at intervals during the day, but with limited success. One morning, several months after the tub incident, Polly was put on the pot by her mother. There being no result for some minutes, she inquired, 'Where is your wee-wee, Polly?' The answer was most informative: 'My wee-wee has gone to the office'. It had gone with her

[1] This little girl is the 'Polly' of a previous publication (*A Childhood Anxiety*, This QUARTERLY, Vol. VI, No. 4, p. 530) wherein is described a scene in which her brother insisted that she possessed a penis. Although Polly was but one-and-a-half years old at that time, there is reason to believe that she was aware of the nature of his remarks.

father where she knew he went each morning when he left home.

Besides the practical measure of taking the little girl to the toilet at intervals, the mother attempted to help Polly to accept her femininity by showing her that girls can enjoy certain pleasures that are denied little boys and may look forward to more important compensations. This process achieved some early success in connection with the gift of a bracelet and was reinforced through offering Polly additional opportunities to identify with her mother. She was consulted regarding her mother's clothes; she was given a colorless lipstick such as her mother sometimes used and a bottle of perfume with a few precious drops left in the bottom; her appearance in pretty dresses was praised, her hair received special brushing, and so forth. Along with these privileges it was emphasized that boys were barred from them, and with some pride Polly began to taunt her brother and could occasionally feel superior to him. A few months later, additional and more effective devices became available to the mother through the children's questions regarding their bodies and their origin. These were initiated by the older child, but the little girl listened with interest and soon asked from time to time to be told that she would have breasts when she grew older and how she would eventually have a baby of her own. Her brother's envy over what he would be denied was pleasurable and convincing to her. She was particularly pleased by his request that she give him one of her babies when she grew up. The wetting diminished and she became less tense on the pot. She developed some boldness towards her brother, which eventually took the form of grabbing at his penis during the evening bath. She laughed raucously at his sudden withdrawals and was smug and unrepentent when scolded for these actions by him and the nurse or mother. On several occasions she teased her father in this way, though her approach in his case was more tentative and had a seductive cast.

Improvement became more definite following talks about physical attributes and babies, and by the child's third birthday the day wetting had practically ceased. The consolidation of her newly found security culminated in an interesting incident which took place one morning immediately after her father's departure for the office. She and her mother had just said good-by to him and as they walked upstairs together, Polly reached for her mother's hand and as she toiled along beside her said, 'Daddy and Boy are boys; Mommy and I are girls. Aren't we?' The question was obviously rhetorical, as her tone of conviction indicated that this was given as the statement of a fact, as a completely acceptable reality. It is interesting to note that this incident marked the end of the whole problem. Her attitude regarding her necessary mode of urination was one of acceptance. She no longer objected to her father's presence. During the several months following she wet the bed at night only two or three times. When this occurred she blamed it on her doll, but in a rather genial way, with a knowing look, and without anxiety. At latest report, nearly two years after these 'accidents', there has been no recurrence of the difficulty. Even after two occasions during the summer, when toilet customs were more informal, and when her brother demonstrated his superiority by deliberately urinating upon her, her reaction was one of anger only, without regression to the earlier symptoms.

Little Polly's fourth year brought her no new critical situations. The previous difficulties were recalled, however, at the time of starting nursery school at three-and-a-half years of age. The little girl was reluctant at first to use the pot while at school with consequent slight wetting during the morning. When asked why this had happened, she would say, 'Cause I can't talk to them'. She apparently identified the 'flow of talk' with the flow of urine, and it was true that she was, at first, shy about talking while at school. At home there was evidence of increasing attachment to her father, and in outside contacts she had some success in overcoming her shyness and dependence upon the presence of a parent or nurse.

Shortly after her fourth birthday, however, a new difficulty arose. Polly suddenly developed constipation of marked degree. Previous to this attack, bowel troubles had played a minor rôle in her life. An occasional mild laxative was all that had ever been required. The customary laxative was used, but this time without result. By the third day it became apparent that Polly was retaining her stools deliberately, and not without a great deal of effort. When put on the pot she held her thighs tightly together, complained of pain, and showed evidence of anxiety in that she did not want to be left alone and would reach for the hand of whoever stayed with her. Sometimes she cried a little. There was abdominal pain at other times also, but although it was explained to her that this was due to not having a movement, the 'constipation' was not influenced. Nor was it influenced by the promise of rewards, or by other arguments. During the fourth night, when put on the pot while practically asleep, she had a large movement, but the following day the holding-back again occurred.

After three days more of the same thing, the mother consulted us as to what could be done. She had some idea as to what might be the trouble, and stated that it had recently become fairly certain that she herself was pregnant. To the best of her knowledge, neither of the children had information of this, but she wondered whether Polly might have overheard a conversation between the parents regarding the possibility of pregnancy, or whether she had in some unaccountable way sensed the fact. She wondered whether a pregnancy fantasy might be the cause of the fecal retention. She recalled that about three months earlier, stimulated by the discovery of a wedding invitation, the brother had inquired in detail as to how babies 'got in' and how they 'got out'. Polly had been present while this was being explained to him but had reacted with ostentatious disinterest. Probably there were several factors contributing to this reaction, but one of them may well have been a preconceived theory of her own regarding procreation.

The writer agreed with the mother as to the probable etiology of the symptom, but pointed out that such fantasies are typical of the fourth and fifth years and might have arisen without knowledge of the mother's condition. In any case, whatever the origin, the fact of the mother's pregnancy offered a happy opportunity for a therapeutic test of the hypothesis. The mother was urged to tell Polly that there was to be a new baby and to offer to share it with her. She later reported the opening remarks of her conversation with Polly, as follows: 'Polly, how would you like to have a new baby in the house?' Polly stared at her for a few moments, then smiled shyly and confided, 'Yes, I have one in my tummy'. The mother then sympathetically explained to Polly that she was still too small to have a baby, but that she could share in the one that was now in her mother's tummy. They rehearsed together how they would care for the baby, going over in detail all the things that would have to be done for it. This conversation took place in the morning. Polly was put on the pot after lunch as usual, and a large movement resulted.

There were no further difficulties for three days, but on the third morning, when the mother went in to get Polly up, she was met with the question, 'Mommy, have you been on the potty today?' She truthfully answered that she had not, and noticing a thoughtful, almost suspicious, look in Polly's eyes, went on to explain that it was still quite early and she undoubtedly would go to the toilet soon. But the damage had been done and that day Polly refused to have a movement as though she were again afraid or unwilling to part with her 'baby'. Needless to say, the child's mother began as soon as possible to help Polly once more to accept reality. She made a point of going to the toilet in her presence and they talked more about the new baby. Polly held out for three days, until her confidence was reëstablished, and then the 'constipation' disappeared for good and all.

The little girl's relapse is a most interesting phenomenon. We see demonstrated the persistent dynamic strength of these

childhood fantasies. It seems likely that this intelligent girl of four years already had an intellectual understanding of the facts of procreation since at the time of the wedding invitation mentioned above, she had overheard her mother's explanation to her older brother as to how babies are made.

It is true that the child had not been told in detail that there are three apertures, one for urine, one for fæces, and one for the baby, because the brother had not questioned his mother's explanation that the baby came out of an opening between the legs. Even if she believed that the baby arrived via one of the other apertures, the differences of substance between the three were clear to her. Nevertheless, the strength of her fantasy led her to retain fæces as an equivalent of gestation with the definite objective of producing a baby. Even had the mother explained the process of birth with the aid of a manikin or careful diagrammatic drawings, it seems unlikely that the outcome would have been different. The limit of the child's own experience of things leaving the body had been urination, defæcation, and vomiting, and in order to express her wish-fantasy she chose the experience which most nearly coincided with what she had learned.

In the light of our knowledge of the creative fantasies accompanying the production of fæces, we might ask why this child did not simply fantasy having a baby at the time of having a bowel movement. It has been suggested above that a gestation equivalent, a building-up process, was involved. In this connection, however, we must reconsider the earlier data regarding urinary retention. We know that at that time the retention was associated with fantasies of possessing a penis and it seems reasonable to ask if this second period of (fæcal) retention may not also have been accompanied by such fantasies. In other words, was this ' (baby) in my tummy' a penis equivalent, and was this fantasy a second stage in her compensation for the lack of a penis? Was the retention at this stage predetermined by that earlier period of retention which grew out of the inevitable and painful comparison with

the brother and father? However these questions may be answered, it is of some interest to report little Polly's reaction at the time she was told the new baby had arrived. She immediately rushed for her toy baby carriage, put a naked doll into it, and refused to be separated from them for several days. The 'baby' in the carriage accompanied her upstairs and down, to meals and at play and slept next to her at night.

An occurrence during this period is worthy of comment. It happened that the children's pediatrician came to the house to see the brother who had a sore throat. As he was leaving he made routine inquiries regarding Polly and in answer to his question was told that her bowels had not moved for several days. He wished to give an enema immediately, but the nurse who was in charge of the children, the mother being out, told him that she was sure the mother would not approve of this treatment. Fortunately the enema was not given, but the incident illustrates how modern pediatric practices may set the stage for future maladjustments. Had Polly's 'constipation' been treated by enemas, this attempt to deprive her of her 'baby' would probably have set the stage for an intense and sustained conflict. We know how frequently such a battle between parent and child, with the consequent over-stimulation of the anal zone, may form the foundation for a later obsessional neurosis. Has not the time come to make more serious efforts to enlighten the pediatrician regarding the psychosexual development of the first five years of life; and should we not show them that certain routine methods of feeding, bowel training, and general hygiene may in their psychological aspects become radical and dangerous procedures?

A CONTROVERSY ABOUT TECHNIQUE

BY CARL M. HEROLD (NEW YORK)

Not long ago an English translation of Theodor Reik's book, *Der Überraschte Psychologe,* was published in this country under the title, Surprise and the Psycho-Analyst.[1] Reik in a part of this book engages with Wilhelm Reich in a very important controversy which is of great practical and theoretical interest. It is the purpose of this paper to compare the technical teachings of Theodor Reik with those of Wilhelm Reich. The latter may be represented by his book, *Charakteranalyse*[2] (Character Analysis), published by the author in Vienna. Reference is made only to the first part of this book which describes Wilhelm Reich's technique.

Theodor Reik's book is the latest of a series of investigations of the psychology of the psychoanalyst. How does the analyst's mind operate when he seeks to understand a patient's psyche? This comprehension is a *psychological* task. For this reason Reik speaks mostly of 'the psychologist' and only on rare occasions of 'the psychoanalyst'. (The literal translation of the German title of his book is 'The Surprised Psychologist'.) His basic question is: how can one grasp mentally another person's unconscious which is not directly accessible to observation? Most of such comprehension is conjecture later confirmed. How does a psychological discovery become 'evident'?

In a somewhat too long drawn out chapter Reik enumerates in detail all the signs and signals by which a patient communicates data about himself to the analyst *besides* those which he tells consciously: his manner and tone of speaking, his behavior, his mannerisms, the way he is silent, etc. The analyst, in the traditional attitude of 'poised attention', does

[1] Reik, Theodor: *Surprise and the Psycho-Analyst.* New York: E. P. Dutton & Co., 1937.

[2] Reich, Wilhelm: *Charakteranalyse.* Vienna, 1933.

not pay special attention to these signs made quite unconsciously by the patient; but they are noted by him preconsciously. From the preconscious of the analyst, these impressions are communicated to his unconscious which is aroused to a certain degree by them. Set into motion, the analyst's unconscious initiates a process of unconscious thinking which results eventually in another excitation of the analyst's preconscious. There it joins with the analyst's knowledge of the patient and with his general psychoanalytic knowledge, generating a specific idea. This idea emerges suddenly into the analyst's conscious mind. Being not conscious of *all* the premises on which his idea is based, this idea cannot have the character of logical reasoning. It is *conjecture.*

Conjecture though it may be, it is no idle guesswork, for it *is* based on observation and thinking. It differs from a logical conclusion only by the fact that many of these observations and much of the thinking which led to it were not *conscious* to the analyst. The psychological criterion for such a correct conjecture is a certain emotional earmark: the specific idea comes like an illumination. The illuminating conjecture comes into the analyst's conscious mind with a startling sensation which Reik describes as a sort of mental commotion or perturbation. This perturbation is identified by Reik as a feeling of *surprise.*

The word 'surprise' may not be well chosen. It belongs to everyday language and may give rise to misunderstandings. I should prefer the word *'illumination'* for this sensation, this emotional quality accompanying a correct conjecture. One has the feeling something is 'clicking'. There is a quality of surprise in it too, but the word 'surprise' is used as well for different sensations. It is not the place here to decide what is the correct use of the word surprise. We shall follow Reik's nomenclature keeping always in mind that it means a 'clicking' in one's mind, the sensation of mental illumination that practically always is an indicator that one has 'got something'.

In one of his previous books, *Der Schrecken* (Shock), Reik analyzes shock in a manner similar to the way Freud analyzed

the 'uncanny'. He describes surprise as a kind of mental shock, a 'shock of thought' *(Gedankenschrecken)* and analyzes it as a defensive reaction against the suggestion that we should turn away from what is familiar and recover in what is new—something ancient that we no longer know. 'In other words, surprise is an expression of our opposition to the demand that we should recognize something long known to us of which we have become unconscious.' In applying this doctrine to the analytical situation we may say that surprise must ensue from a situation in which a patient is forced to recognize a long known but repressed and alienated part of his ego.

This is the surprise which is experienced by the *patient* when an interpretation strikes home. But Reik confesses—and all experienced analysts should confess with him—that in spite of all his theoretical knowledge and expectations, the analyst too is surprised when he uncovers an important new aspect of a case. Reik contends that this surprise of the psychoanalyst is typical and serves as a sign that he is not merely guessing intellectually from his theoretical knowledge but that his conjecture is a genuine psychological discovery.

Of course this surprise theory has to be taken with a grain of salt: the analyst who has practised for many years will not feel such great surprise as a beginner; but if he look closely he will detect something like surprise still when he grasps the idea that throws a new light on a case. He will be able to distinguish precisely between those instances where he had merely a theoretical expectation and those where he really found out something, *observed* something in the patient. A weaker intensity of his surprise is not the result of his greater theoretical knowledge, accumulated during many years of practice, but of a greater experience. The more often one has occasion to be surprised the weaker the surprise itself will be.

It seems illogical that one should be surprised by a fact that one has expected theoretically all the time. It is very tempting at this point to speculate as to whether all analysts, even those with the greatest conviction and the least neurosis, have not to overcome certain resistances against the task of

uncovering the unconscious; whether their scientific subject matter, the unconscious, is perhaps such an elusive thing that in spite of convictions they are not at all so sure and are therefore surprised when they have proof that they are right. Such an investigation might be unwelcome although it is quite compatible with Reik's doctrine that the analyst works chiefly with his own unconscious and that by analyzing others he is compelled to analyze himself. However such an investigation is not absolutely necessary because the contradiction established by the observation that one can be surprised by a fact that is theoretically expected has familiar parallels. Analysts commonly observe that patients who had several times been given a certain interpretation and had understood it intellectually, one day independently discover the same truth with an entirely different quality of conviction: they then 'understand' for the first time emotionally, not as mere logical reasoning, but as an experience.

It is often observed that intellectual knowledge serves as resistance; that intellectual and theoretical knowledge renders certain individuals incapable of experiencing effectively interpretations of the unconscious. Reik fears that overemphasis on theoretical knowledge in the training of analysts can do a lot of harm. It may act as resistance against real psychological understanding of patients. Reik calls this 'card-index-science'. He relates that he has observed the procedure of many analysts which looked as if the analyst had set out with the object of finding confirmation for the theory of analysis *instead of fitting the case to the theory after he had comprehended the case.*

It is Reik's contention that we cannot understand a patient if we try to force him into a theoretical scheme. We have to understand him individually. The understanding is at *first* not a task for logical reasoning. This is reserved for a secondary control and putting in order of the data. The understanding is primarily a psychological task, performed by our chief psychological organ, the unconscious. The results of these unconscious psychological activities enter our conscious

minds with a startling sensation which can be recognized as surprise. The remainder of Reik's book is either a detailed elaboration and documentation of this leading idea or its application to practical psychoanalytical work.

In his fourth chapter, From the Truly Startling to the Startlingly True, Reik undertakes to analyze the psychological situation which occurs when a correct interpretation given by the analyst strikes home and releases that dynamic process in the patient which proves most effective in a cure. By making vocal what the analyst comprehended of the patient's unconscious he confronts psychic reality with material reality: the unconscious thought of the patient gains a certain reality value from the *words* of the analyst; it is a type of materialization by words. The mental shock that the patient feels at that moment equals the last minute defense against this vocal materialization. The patient has the impression that the analyst who recognizes more in him than he himself must be able to perceive his wishes, must be omniscient. This gives a certain magic reality to his unconscious wishes or fears. They are impressively substantial if they can be seen and recognized by others. Primitive magical thinking is revived for the time being. The mere communication of an unconscious thought by another person bestows a magical reality on it. These magic words are real enough for the patient to startle him but immaterial enough to mitigate the shock so far as to permit him to accept the interpretation. Precisely this sphere of half-reality in which the analytic process takes place differentiates analysis from ordinary conversation. It endows the analytic process with sufficient dynamic powers to cause an actual change in the dynamic processes of the patient.

One wonders whether Reik had not in mind that the corresponding surprise which he says the *analyst* feels can be traced back to residues of magical thinking in the analyst's own unconscious. Perhaps he merely omitted to state this possibility. It would accord well with his belief, to be discussed later, that the mental attitude of a psychologist, his desire to comprehend

people, is the sublimated form of a primitive desire to seize and master other persons. If psychological comprehension is the result of a sublimated desire to master, to be omniscient and omnipotent, the surprise which he feels when the psychologist is able to comprehend a person psychologically could be explained as his surprise at the discovery that he is omniscient or omnipotent in a very restricted sense: he can read thoughts. I recall a patient who, after a long analysis, confessed that he had wanted to be analyzed chiefly because he hoped to see through his father and thus become able to dominate him. Our magical desires, long forgotten, are revived for a moment: we are surprised.

Having outlined Reik's characteristic doctrines, we can interrupt their detailed consideration and proceed to discuss his controversy with Wilhelm Reich. In the course of this discussion we shall have occasion to consider further details of Theodor Reik's book.

Theodor Reik devotes most of the seventh chapter of his book to a controversy with Wilhelm Reich. He pleads that there can be no planning of a route through the unconscious. He means that one cannot determine beforehand how one shall conduct an analysis. 'Route-planning' is precisely what Wilhelm Reich advocates. He is an enthusiastic teacher. He must have experienced what Reik asserts: that only technical procedures but not the *essence* of technique can be taught. But Reich is not content with that. He wants to give more; wants to make the prospective analyst independent of conjecture. Therefore he has relegated the 'intuitive' comprehension of unconscious processes to a poor second place, and has tried to develop a technique that will smash the defenses of resisting patients so thoroughly that there is no further need for any guessing: the unconscious of the patient lies bare before the eye of the analyst. In effect, being unable to teach the essence of the intuitive technique, he teaches how to *extort* his unconscious secrets from the patient.

Reich insists that the topical process of making unconscious thoughts conscious is of minor importance for it has dynamic value only after the resistances against the emotional acceptance of an interpretation have been first removed; hence one has to concentrate on analyzing the resistances first before proceeding to interpret the unconscious thoughts concealed behind them. Interpretation of resistances has to precede the interpretation of unconscious content and meaning. Reich asserts that this is the only way to secure the sufficiently dynamic effect of an interpretation.

There are certain but few patients who soon learn the technique of free association. In analyzing these one might, perhaps, discern what are the *specific* resistances against *specific* unconscious contents. In most cases the patients either cannot learn the method of free association or apply it only irregularly. Their resistance is unspecific, and shows itself always in the same manner, whatever may be the unconscious content against which the resistance is directed. Reich believes there are two ways possible to overcome such unspecific resistance. The one most frequently effective is persuasion and admonition to obey the fundamental rule, to associate freely, to coöperate, hoping thereby that a positive transference will persuade the patient to give up his resistance and return to analytical confidence and sincerity. But, Reich's experience proves that this way is unreliable, depends on many unpredictable contingencies and lacks analytical clarity. One is too much exposed to changes in the transference and cannot be consistent enough in following the proper order in which interpretations should be given.

Although the resistances in most cases are unspecific with regard to different unconscious material, Reich emphasizes that they are specific in reference to the *personality of the individual patient.* One finds that the same patient in producing resistances produces them always in the same manner. Anything so specific to a person is to be described as his *character;* so, argues Reich, if the character of a person is the bulwark

of his resistance we have to analyze it as if it were a symptom in order to remove the resistance. What then he proposes when he propagates his 'character analysis' is 'education to analysis by analysis'. He states furthermore, that not only in the so called character neuroses is there a neurotic character: in the symptom neuroses too the symptoms must be an outgrowth of a neurotic character; hence, even if the symptoms have vanished, a patient cannot be considered as definitely cured; he is not safe from relapses or the production of new symptoms as long as his character, the basis for his neurotic reactions, is not analyzed.

Reich defines character as modes of reacting that develop slowly and become an ingredient of a person's individuality, a kind of petrified reaction, so to speak. If the reactions are ill-adapted to reality (neurotic), the result will be a neurotic character. Being a part of the *ego,* these reactions are operated by *narcissistic* libido. When character becomes a source of resistance the resistance will therefore be fed by narcissistic libido. This is the reason why Reich speaks of the character as a 'narcissistic armor'.

Phenomenologically, character appears in the mannerisms, active behavior, basic attitudes toward experiences, other persons, problems, and is essentially a matter of form: it is not *what* the patient says, but *how* he says it that should engage one's attention if one wants to recognize his character. Even the way in which the patient is silent must be observed. One patient may be silent from anxiety and uncertainty; another out of hate, contempt, defiance, and obstinacy.

Usually one is not conscious of one's characteristic behavior because one is not distant enough from it to perceive it. Reich demands that different traits of character be treated as if they were symptoms to find out their unconscious determinants. The first task is to confront the patient with his own character, converting it, so to speak, into a kind of symptom. The patient must be thrown into conflict with his character in order to obtain his coöperation. To make him see his own character

traits and to objectify them the analyst has to describe his behavior—often even to mimic it. If he succeed in putting the patient in conflict with his own character traits, he cannot any longer use them to conceal his unconscious tendencies and the latter will come to the surface with the desired dynamic force.

So far, there is no important objection to be raised. The argument is sound and consistent. We often hear raised at this point in the controversy the objection that all this is not new and is practised by every good analyst. This is a very elegant way of suggesting modestly that one is a really good analyst but it leaves unanswered the question why these really good analysts did not trouble themselves to state these things with such clarity, especially as they should have known that among the younger analysts there was a keen desire for such technical advice. This desire must indeed have been very strong, judging from the eagerness with which Reich's book and ideas were absorbed by the younger German analysts. They had been stuffed with complicated theories but given very few cues as to how to use them in practice. Reich offered a clear summing up of the theoretical aspects of the practical situation in which a young analyst finds himself, not elaborate enough perhaps to include all the intricate details, but simple enough to be readily usable in practical work.

This simplification is carried to such an extreme that several postulates read like regulations for military service. For instance, Reich's argument that the reliance on a good transference makes us too dependent on the fluctuating changes in the transference situation is false because we *are* as a matter of fact very dependent on the transference; this is however, no disadvantage but our chief lead. If the character of the transference changes, this ought to be an indicator that something important has happened which we have to understand as quickly as possible. In this argument there is something of the 'planned route' to which Theodor Reik objects so much in Reich's technical theories. Admonishing us to be very

consistent in interpreting resistance *before interpreting the unconscious,* Reich advises us to disregard any material offered by a resisting patient except that which is connected with the resistance. Another of his doctrines says that the different psychic contents are arranged in layers which have to be analyzed in a given order according to their real sequence.

Reich admits that these prescriptions are too systematic, too rigid to be compatible with Freud's advice that the patient be approached without prejudice, that his utterances be heard with poised attention, not discriminating against part of his associations, and without any expectations, leaving the lead in the analytical process to the patient. Reich says, however, that the differences in technique between him and Freud are merely matters of form. He says that once having acquired the faculty of maintaining free floating attention, one easily and automatically, without any thought of theory, will be able to handle the analysis of transference and resistances in the way that he, Reich, advocates. If material from different layers is simultaneously supplied by the patient, one will easily recognize the material with the highest dynamic value and approach without much concentration the analysis of the ego defense before that of the repressed contents.

It is paradoxical that Reich, after having written a whole book full of practical technical advice based on very strict theoretical considerations, should state in a few lines that all these things will be accomplished automatically if only the analyst has developed the correct freudian poised attention. Would it not be more sensible to teach how to obtain this freudian attitude? Well, it is not teachable says Theodor Reik, and Reich seems to agree. Reich does not say so explicitly; he merely states, that the necessity to ponder too much about a case shows only that the particular case is either too new to the particular analyst, that he lacks the necessary experience or that he has a 'blind spot' and is emotionally inhibited from comprehending the case. The training analysis of the analyst is the only way to obtain the freudian poised attention. Theodor Reik is not content with this: although it is unteach-

able, he insists on trying at least to *demonstrate* to the young analyst how it is done.

Conceiving the analytical cure as a reciprocal process taking place between patient and analyst, one has opportunity for different theoretical investigations. One may for instance be most interested in the effect of the patient on the analyst. The more introverted analysts, like Theodor Reik, will be attracted by this problem; they will be inclined to study the rôle of the analyst's unconscious in the analytical process. The extroverted analyst will seize every opportunity to be active. The introverted analyst will avoid open activity and lie in wait for the truth, expecting it to come to him—into him—like a mouse into a trap. Both the trapper and the hunter can learn a lot from each other, but it is hardly to be expected that the hunter acquire the trapper's studious patience or that the trapper develop the hunter's persistent activity. If only both see and hear well enough they will obtain the best results if the trapper remains trapper and the hunter, hunter.

Although it is psychologically necessary and good for the progress of science that every author overemphasize his findings, it is well to note the fact that in practice analysts are not so one-sided as their theories. In overemphasizing the irrational heuristic value of the analyst's unconscious for his work, Theodor Reik is one-sided; but we believe that Otto Fenichel does him an injustice by reproving him for eliminating scientific thinking from psychoanalysis. Theodor Reik, on the other hand, does injustice to Wilhelm Reich by appraising his one-sidedness at its face value and by reproaching him for proposing a technique which gives no place to the unconscious of the analyst in his work. One finds readily, on the contrary, that Reich is also receptive to ideas emerging from his unconscious. For instance, in a case-history (*loc. cit.*, p. 75) he describes how an enlightening idea about the secret meaning of the patient's behavior 'flashed' through his mind. This is absolutely what Theodor Reik describes but we must not think that both are doing practically the same, and differ only in their one-sided theoretical description and evaluation of

what they are doing. This would not only be superficial, but also false. One need only compare Theodor Reik's case history in the eleventh chapter of his book with Wilhelm Reich's history of A Case of Manifest Inferiority Feelings. There are patients who show similar resistances of the type Reich calls character resistances. Theodor Reik's patient is himself an analyst who complains that he cannot understand his patients, especially one of them, and that he never will be able to present, interpret and comprehend a patient as efficiently as his colleagues in the psychoanalytic society to whom he feels very inferior. Wilhelm Reich's patient shows a similar resistance: he complains that for him analysis does not work, has no influence upon him. Outwardly both patients show a positive transference. Both patients try to depreciate the analysis and both hide this depreciation behind a passive attitude. It is now interesting to compare the different approaches of both authors.

Wilhelm Reich puts the hidden negative transference into the center of his investigation. He does not care much about what material is offered by the patient while this hidden negative transference has not been brought to the surface. To him it is an open fight with the patient. He responds to the hidden negative transference of the patient with an open attack. He interprets time and again the patient's complaints that the analysis does not work on him as his attempt to prove that the analyst does not give the love he expects; that the analyst is impotent. Once in the struggle Reich permits himself to inject an association of his own into the controversy with the patient: he tells the patient that he identifies the analyst with his much envied, dominating older brother. He then challenges the patient to tell what he thought about the analyst when they first met. The patient answers by describing the analyst as brutal and presumably as being a woman-chaser, just as was his brother whose penis he once saw and estimated as being much bigger than his own. But the patient has high ideals that are more valuable, and these the analyst will never be able to take from him. This admission gave the patient

away, and in the following hours it was possible to interpret his high ideals as a narcissistic armor with which he overcompensated his feeling of impotence and in the last analysis, his castration complex.

Theodor Reik approaches his case in a very different manner. He does *not* interpret his patient's complaint that he as an analyst will never be able to understand his cases, as an insidious hint that the patient accuses Reik of not understanding *his* case. He does *not* explain to his patient that he misapplies psychoanalytic theories and that this is the sign of a very strong resistance on the part of the patient against the science. Reik feels that the patient's misapplication of psychoanalytic theory is a veiled challenge and attack on the analyst, but he refrains from counterattacking with this interpretation. As a matter of fact, the transference is not discussed. Instead, when the occasion arrives he patiently listens to a detailed account of that particularly incomprehensible case of his. As Reik put it, he does not take up the patient's challenge and throw it back on him: he waits to see what lies beneath it. Thus Reik, unlike Wilhelm Reich, is not afraid of being led astray, of getting into a chaotic situation. He waits to hear about that incomprehensible case of the analyst-patient's woman patient in order to discover his particular blind spot.

It would lead too far afield to give the entire case history but there is an essential part of it which illustrates Theodor Reik's technique very clearly. Reik's patient, himself an analyst, had a patient, 'Mrs. Anna', who had been for a time in a sanitarium where she had fallen in love with an intern much younger than herself. This love affair remained strictly platonic, but the attachment to this intern played an important rôle in Mrs. Anna's mind. Reik's analysand objected that he could not apply analytical theories to this case because he could not imagine that that young intern could represent Mrs. Anna's father. This is of course a most striking misapplication of the theory of the œdipus complex. Reik however does not point this out; he continues to listen patiently to the further presentation of the case. He notices that a

certain question persistently arises in his mind, so persistently that he eventually gives voice to it: 'Has Mrs. Anna any children?'

She did have. The eldest, a son, was ten years old. Reik ventures the interpretation that Mrs. Anna might fight off her incestuous impulses toward her son by displacing them to the young intern. Perhaps, Reik concludes his interpretation, Mrs. Anna had repulsed her son too harshly and, trying to make up for it, showed a greater compliance toward the young intern, a son-surrogate.

The analysand listened to this interpretation respectfully, but evidently was not convinced; nevertheless, he supplied an additional detail: Mrs. Anna accused herself of having rejected the intern too harshly by replying contemptuously to a romantic remark of his to her about love. Since this incident, she had had an urgent wish to talk to the intern again in order to make up for it. It was at this point that Reik's analysand's and Mrs. Anna's repressed conflicts coincided. The patient now began to speak about his own little son whom his wife previously had treated unjustly but whom she now had begun to spoil. He revealed his jealousy of this son, recognizing the sexual atmosphere between mother and son, both in his own home and between Mrs. Anna, his patient, and her son. From this point on, the underlying conflict with his own mother was easily analyzed. By denying one side of the œdipus conflict, the father-daughter relationship, he had tried to conceal its other side, the mother-son relationship, its natural and necessary complement.

We see that in this case Reik does not discuss the transference situation at all. He is aware of it but he does not discuss it. Is this a mistake according to the rule that the transference must be analyzed when it becomes a source of resistance? In both cases discussed, a hidden transference resistance exists. Wilhelm Reich attacks it directly by concentrating all interpretation on it and on it alone. Theodor Reik does not mention it at all, but lies in ambush so to speak, hoping to comprehend the unconscious conflict that lies behind

the patient's behavior. He uses his own unconscious as an heuristic instrument—as a means of catching something between the words, gestures and actions of the patient which will help him to divine the patient's hidden thoughts. Intuitive perception is his chief technical expedient, whereas Reich's chief technical expedient is his direct and aggressive attack on the patient's narcissistic defenses.

What does Theodore Reik do with his aggressions? It is evident that he has some and he states too what he does with them. He says that he masters them in order to turn them into cognition. One can reconstruct how this worked in the case just described. The patient's hidden mockery of psychoanalysis did certainly arouse Reik's aggression and a desire to fight with the patient for his scientific convictions; but he does not attack. He waits patiently and watches for an opportunity to trap the patient. One might formulate the thoughts in Reik's mind approximately as follows: 'You want to make fun of the œdipus complex? I will convince you that you are wrong; that it is applicable right here, only in a reversed sense. You say the young intern cannot possibly represent Mrs. Anna's father. Certainly not, because he represents on the contrary, her son.'

Reik's reaction was unquestionably motivated by aroused aggression, but his aggression remains passively concealed in the same way that the patient conceals his aggressive attitude behind his passivity. Reik is conscious of the aggressive tendency in himself. It is indeed he who elevates the aggression of analysts to a theoretical keystone by describing the impulse to comprehend another person's psychology as the sublimation of a primitive desire to master others. Here lurks the danger in Reik's method. The mastery and control of the analyst's own unconscious, and especially of the countertransference, is the chief condition permitting him to use his unconscious as an organ for comprehending a patient. Reik uses his own unconscious like a tuning fork sounding the vibrations in the patient's unconscious. It would be dangerous to use this tuning fork as a dagger.

But these dangers exist and even the best training analysis cannot provide the analyst with a reliable mastery of his own unconscious. Reik himself says that he could never really profit from theoretical warnings against certain mistakes. He had to make them himself, sometimes repeatedly, in order to learn. He believes that not only growing experience gives the analyst more mastery of his unconscious but by analyzing others, one analyzes oneself to a great extent too. It is very impressive to read the last chapter of his book, Psychological Cognition and Suffering—The Courage Not to Comprehend. There one finds the sincere humbleness of an adept, an honest and courageous scepticism with regard to the efficiency of our intellectual capacities which leads to the Socratic wisdom: 'I am beginning no longer to comprehend'. Reading this, one feels strongly that his controlled and self-mastering analytical approach and his mellow but sceptical benevolence determine one another and cannot possibly be separated.

Returning to our comparison of the two authors we found a certain issue in which they show a similarity but at the same time a distinct opposition. This phenomenon, which I should like to call a conflicting similarity, concerns the technical use which both authors make of their own aggressiveness. Wilhelm Reich pounds away on the narcissistic armor of the patient until he makes him surrender. Theodor Reik masters his aggression and lies in wait for the moment when the patient's defense shows a breach. This may be called a passive aggression in contradistinction to Wilhelm Reich's active aggressive technique. Reich attacks directly the narcissistic defenses of the patient, trying to challenge him, to hurt his narcissism so that the patient gives himself away eventually. His procedure is comparable to the procedure of a detective who arrests his suspect for questioning and subjects him to the 'third degree'. Theodor Reik, on the other hand, is comparable in his technique with a detective of the Sherlock Holmes type: he watches his suspect continuously, observes his every move and follows every hunch, trying to find out what is in the suspect's mind so that finally he can lay a trap

in which the suspect catches himself. This is aggression too; but there is nothing of activity in it. The aggression is controlled and expresses itself only in his general attitude. The aggressive act is one of comprehension. By comprehending the patient he apprehends him.

There is another point where both authors show a conflicting similarity: they consider that what the patient quite unconsciously betrays in his mannerisms and behavior is very important material, an unconscious expression of the patient's concealed impulses. Wilhelm Reich concentrates his *conscious* attention on these signals from the patient's unconscious because he has to formulate them in order to confront the patient with them. Theodor Reik makes quite a different use of the same material. He follows the freudian rule of poised attention and formulates the procedure as follows: '. . . not only are these impulses communicated unconsciously [by the patient] to the analyst. They transmit themselves also to the *unconscious* of the analyst.' Wilhelm Reich defends himself against the reproach that he neglects the attitude of poised attention in a short paragraph. He merely states that there is no practical difference; that after having learned poised attention, one automatically notices consciously the right thing and holds it up to the patient. This is not very convincing; it contradicts as a matter of fact, the rest of Reich's theories. The poised attention of Freud is necessary for putting the analyst into the right frame of mind to sense what is behind the patient's outward attitude, but Reich is not intent on conjecture. He sets out to smash the patient's narcissistic defense to *see* what is behind it. Such an attack is possible only in the light of conscious attention and not in the twilight of free-floating attention. This methodical attack, the necessity to cut with precision, suggests the comparison of Reich's attitude to that of a surgeon; whereas Reik's intuitive technique may be compared to that of a physician for internal diseases.

Which method he prefers depends entirely on the analyst's personality. From personal acquaintance, I know that Wil-

helm Reich has sharp clinical vision. He is an excellent observer. We know that such a gift is the expression of an extroverted personality with unrepressed aggression. I am sure that such a personality achieves more by conscious attention than he would were he deliberately to take a passive attitude. His need for activity would rebel against a passive contemplative attitude so highly recommended by Reik. Likewise if an analyst of Reik's temperament tried to force himself to imitate Reich's technique, he soon would relapse into his usual passivity. Analysts remain individuals with individual talents, traits, and ways. If one cannot express his individuality in his work, he cannot be expected to work efficiently. I do not believe that an analyst can be emotional in his work; he must frequently exercise *control* of his emotions. But they would soon become uncontrollable, if he were consistently attempting to behave in a manner which upset his individual dynamic and psychic economic balance. As far as I can judge, both Theodor Reik and Wilhelm Reich are good therapists; none of their differences contradict the essentials of psychoanalytic science. The fact that Theodor Reik's technique is identical with the historical attitude that led to the psychoanalytic understanding of psychic processes does not imply that it is the only legitimate technique. I say this although personally I prefer Reik's method. But I have seen in the German group of analysts how eagerly Wilhelm Reich's ideas were absorbed by the younger generations of analysts, and I have felt that this eagerness was not merely the result of personal influence, but the outgrowth of a great practical desire. It promised satisfaction for the strong desire of the beginner to know what to do. There is nothing more difficult for a beginner than to be passive. He feels compelled to do something. Every beginner is more or less an activist, and there lies the great lure and the great *danger* of Reich's teachings. His technique is *only* for those who are truly active and extroverted and not for those who merely crave activity in order to overcome therapeutic feelings of inferiority or to satisfy

ambition, both of which may derive from the status of a beginner.

A last point where Reik and Reich show at the same time a certain similarity and a marked difference is this: Wilhelm Reich analyzes 'character resistance' not only by *telling* his interpretation of the patient's resistance, but in difficult cases, also by *imitating* his behavior as if reflected in a kind of mirror to give the patient a perspective. He describes [3] that opening the door of his office to admit a certain patient, he mimicked the latter's pitiful face expression and during the analytic hour copied the patient's baby talk, threw himself on the floor and fidgeted and shouted when the patient did. Perhaps it is not necessary to go so far even if one accepts Wilhelm Reich's ideas fully. It is scarcely necessary to state that such behavior of an analyst means much more than Reich intends it to mean. It is not merely mirroring the patient. It is direct counter-attack. Specifically he imitates in words or in actions the patient's resistance. It is a participation of the analyst's ego in the patient's analysis. This will be better appreciated by comparing it with the rôle of the analyst's ego according to Theodor Reik.

Starting with what happens to the psychological data (observed partly consciously, partly unconsciously) in the analyst's mind in the process that results in an interpretation, Reik comes to the conclusion that patients' strivings arouse similar impulses in the analyst's unconscious which are not allowed to develop further but are checked in the initial stage and transformed (sublimated) into the act of psychological understanding. Without yielding to impulses aroused in him, the analyst allows them to penetrate his ego. Reik describes it as 'taking samples from the patient's unconsciously transmitted emotions in order to see what they are'. This sample-taking, this awakening of corresponding impulses within the analyst's unconscious, Reik calls 'induction' (by analogy to electro-magnetic induction).

[3] Reich, Wilhelm: *loc. cit.*, p. 251.

This process has nothing to do with what is described by psychologists as 'empathy', Reik says, and it is not identification either. There is some difference of opinion as to what should be called identification. Reik compares identification with the attitude of an actor who *thinks himself into* his rôle, 'entering it' psychologically, so that finally he lends his own emotions to the character he represents; he identifies himself with the rôle. He distinguishes such an actor from another type of actor who himself *becomes the character* of the drama. The first actor *slips into* the dramatic character; the second *changes his own ego by becoming* the character himself. This ego transformation is a sort of taking-in of another personality, while identification, as Reik understands it, is like disguising oneself, one's own ego, by 'donning' the alien personality. Primitively it is represented by donning the skin and horns of a totem animal by a priest. The other, the taking-in identification, is psychoanalytically recognized as an oral introjection of an object. There is no doubt that they are both different kinds of identification and for our present purpose I propose that we should not argue about which one is identification proper and call them two types of identification. The slipping of the ego into an alien personality as into a garment, we might call outward or active identification, because outward action—imitation—is its essence; hence, we would call the other, the intaking kind, inner or passive identification, because it is the absorption of an alien personality into one's own ego, a passive attitude retraceable to the oral strivings of the infant. The psychological observer of Reik's pattern does not observe and recognize the object directly. He allows unconsciously the object to enter his own ego and tries to recognize it within himself by introspection.

How does the other kind of identification operate, the outward-active variety, that Wilhelm Reich applies? It is apparent that Reich is indifferent as to whether he 'thinks himself into' his patient by naming and describing the latter's attitude, or whether he 'slips into him' by actually imitating him. It is a long known psychological fact that one can get a rather

good psychological knowledge of a person by imitating his characteristic actions, postures, mannerisms. How is this possible? Space permits me here to give only a short outline of a possible explanation. I believe Theodor Reik is right in stating that fundamentally all psychological comprehension can be traced to introspection. We cannot 'understand' psychologically speaking, if we cannot experience at least a faint trace of another person's psychic reactions within ourselves; hence it must be introspection too which leads to psychological comprehension in the procedure of imitating a person. A *direct* introspective psychological comprehension is possible only if we introject the alien ego, i.e. if we use the passive-inner form of identification. In the case of the outward-active identification, this introspection can only have as an object our own so to speak unadulterated ego. Try to imitate a person, attempt to 'don' his personality as a garment for your own ego, and you will find out soon that you will not succeed at once. One has to try again and again until the imitation becomes perfect or almost perfect. What do we learn from introspection during these attempts? We find out what impulses and emotions of our own egos do *not* agree with the other person's behavior. By *eliminating* the unsuitable impulses from our own egos, we find by repeated trials which of our impulses fit to the other personality. As everybody potentially has all possible mental qualities whether he has developed them or not (they must only not be repressed), the psychological method of imitation leads after a number of attempts to the activation of just these of our own psychic contents that correspond with those of the person observed; the outward-active identification has succeeded and we are free to find out by introspection what is in the other person's psyche. It is like finding out a radio station's frequency by tuning in until the scheduled program of the station is found. One can then read its frequency from the dial.

Both conceptions of identification lead to the same conclusion: psychological understanding is gained through introspection. With the passive method the investigator exposes

the whole scale of his emotions to impressions coming from the person investigated and waits for an inner response to one which strikes a resounding response. The active method discards those of emotions that are dissonant: it is a process of elimination. Even when Reich does not actually imitate his patient's mannerisms and behavior physically, he does it mentally by a sort of mental and emotional experiment. This faculty of Reich is, I believe, the source of his keen 'clinical vision'. *This faculty is one of the most important foundations of his technical procedure,* and the lack of his conscious knowledge of *this* part of his own procedure makes his exposition of it sound unpsychological.

In conclusion, one may say that Theodor Reik emphasizes the traditional freudian attitude; he is outwardly passive, and he tries to sense the patient's unconscious and to overcome the patient's resistance by proving to him that his resistance is superfluous because the analyst recognizes his unconscious thoughts. Wilhelm Reich attacks directly the front of the patient's resistance and succeeds with this method, especially in cases with strong narcissistic defenses. Although the latter method seems to be a prescription easier to follow, especially for the beginner, it is not a method destined to *replace* the older one. It adds a new weapon to the technical armamentarium developed as psychoanalysis was confronted with cases which showed more outspoken narcissistic defenses. It would not only be uneconomical to use this outspokenly aggressive method with cases of the less narcissistic type; it can be a dangerous method in certain cases in which the attacked ego is forced into a stronger narcissistic defense or deeper regression. Depending upon the type of case involved, we have at our disposal a sliding scale of technical instruments. At the one end of this scale, the chief task is to divine the patient's unconscious and repressed thoughts (represented by Theodor Reik's technical approach); at the other end is Wilhelm Reich pounding on the patient's narcissistic armor and forcing him to deliver his unconscious secrets.

This sliding scale of technique would be very useful were

analysts working under ideal conditions. They would then be free to choose just the right approach according to the kind and degree of narcissistic defense and state of regression of each patient. Unfortunately such ideal conditions do not exist. I might add that we are still far from being able to decide with sufficient assurance which approach is the best in a given case. Moreover, during the course of a single analysis the analytical situation might change and demand corresponding changes in technique. These are problems to be reserved for a detailed investigation of technique. But of principal value for us here is the discovery that the technique employed by an analyst is very much dependent on his personal adjustment, especially with regard to his aggressions.

No one will deny that the analyst must be sufficiently analyzed himself that he is not blind to the patient's unconscious conflicts if they happen to coincide with the analyst's own conflicts. That the analyst is not so scotomatous is particularly important for an analyst who applies the subjective technique represented by Theodor Reik. He must have a particularly easy access to his own unconscious. This, by the way, may be one of the reasons why so many beginners are so intrigued by Wilhelm Reich's active technique.

Being thoroughly analyzed or being fairly normal still does not mean that such an analyst could use all the technical instruments of that sliding scale between the two extremes. The different psychic adjustments of different analysts, what and the way they sublimate, plays a very important rôle in their analytical approaches. It is characteristic that Theodor Reik with his highly sublimated aggressiveness has discussed the rôle of the analyst's aggressiveness in his technique. It is he who points out the importance of the analyst's aggression in his behavior and not Wilhelm Reich, whose aggressiveness in his technique is so much more apparent.

I certainly agree that Wilhelm Reich's aggressions are perhaps too readily mobilized; but the expediency of such aggression in certain cases of otherwise impermeable narcissistic defense cannot be denied. One cannot eat his cake and

have it. One cannot have strongly controlled aggressions and be able to set them free with sufficient force. Control of an instinct, once achieved, becomes a part of the structure of the ego, becomes a sort of artificial instinct like, for instance, shame and repulsion which cannot be abandoned *arbitrarily,* at least not to their full extent. This is true also of an analyst and his aggressiveness. His, as any other person's psychic balance and adjustment even if it can be considered as practically perfect, cannot be of equal quality all around. This applies particularly to the control of aggressions for the following reason: in the sexual field the normal or sufficiently analyzed person can obtain a durable balance much more easily because there is no need to sublimate *all* of his sexual impulses. The major portion of his sexual energies has a legitimate unsublimated outlet in his sexual life. But it is different with aggressions. It is essential to our civilization that our aggressions be checked even more than our sexual impulses. One cannot live in a crowded world if one does not inhibit uncontrolled aggressive acts, and the chances for rugged individualism diminish in proportion to the density of the population.

The analyst, compared with the average citizen, is in a much worse plight with regard to his aggressions. Often he has to sit still all day long. He is exposed to every variety of hidden and open hostility from his patients without being able to retaliate in kind. His occupation is psychologically so uneconomical that it is perhaps this circumstance that led Freud to make the well-known private remark that psychoanalysis develops the most vicious sides of human nature in psychoanalysts. Hence the problem of aggression is certainly one of the most pressing in training analysts. I need not be reminded that training analysts are aware of the importance of aggressions in analyzing and training prospective analysts. I believe nevertheless that the problem is still not accorded its full significance. It is not enough that the analyst control his direct aggressive reactions to the patient's attacks, that he does not become aggressive if patients do not coöperate. He

must know also how to *use* his aggressions for therapeutic purposes.

We have seen how differently Theodor Reik and Wilhelm Reich make use of their aggressions. It is hardly imaginable that Reich could successfully apply Reik's technique and *vice versa;* this would apply to most analysts. Each will be successful only in a limited range of that sliding scale of technical equipment of which we spoke, and it would be useful to each one could he recognize these limits. There is a tacit assumption that every analyst should be able to analyze every patient successfully. If he is not successful, there must be something wrong with his technique. I admit that in many cases, even in the majority of them, this is true; but in this generalization, the assumption that every analyst should be equally able to handle every case is certainly incorrect. Every experienced analyst recognizes that fact when he has to recommend a patient to a colleague. If he be conscientious, and there is a choice between several colleagues, he weighs carefully which of them is most fit for that particular patient. Such judgment is based mostly on intuition rather than on theoretical deliberations. We have to recognize that there are both surgeons and internists in our ranks and that both have their characteristic limitations. Limitations are no setback, if they are recognized; on the contrary, their recognition is the necessary condition for acquiring mastery within a limited area because it saves wasteful effort or in some instances failure. Psychic economy is desirable not only for analytic patients but also for analysts and their work.

BOOK REVIEWS

RELATIVITÉ DE LA RÉALITÉ. Réflexions sur les Limites de la Pensée et la Genèse du Besoin de Causalité. (Relativity of Reality. Reflections on the Limitations of Thought and the Genesis of the Need of Causality.) By René Laforgue. Paris: Des Editions Denoël, 1937. 96 pp.

The opening chapter deals with a summary and restatement of familiar material about the rôles played by the superego and the ego in various manifestations of anxiety. This is followed by an able presentation of the conflicts and fears which arise during the emotional development of the individual while passing through the oral, anal, phallic, and œdipal periods. Here, as in the subsequent chapters, the author emphasizes the homosexual alignment of the so called precœdipal stage and the attendant castration anxiety, in contrast to the fear of death arising from death wishes against the parent of the same sex during the full-fledged œdipus phase. The development of the ego is then correlated with these emotional developmental levels, with particular attention to the growth and the synthesizing capacity of the ego. This part of the book is a well condensed and interestingly presented formulation of subject matter which is not original, but which forms an essential introduction to Laforgue's central theme, namely, that the adjustment to reality of the social group like that of the individual ego, depends upon the predominant level of the libido organization, and that the attendant anxieties are dealt with accordingly. The so called 'intellect' is similarly determined and limited.

The detailed exposition of this subject may perhaps be briefly summarized as follows, although this outline perhaps suggests a rigidity of formulation which is not found in the book, since the author repeatedly points to the countless possible variations among and within these typical groups.

As the sense of reality in the *Oral Phase* is poorly developed and the ego is very weak, Laforgue passes over this developmental period with little comment.

I *The Anal Phase*

a Reality and the Ego of the Child.

The child who is learning to walk recognizes the realities only in so far as he comes into direct personal contact with them. However, reality presents insuperable obstacles to the wish to master and possess by means of infantile omnipotence. He avoids the fear of punishment for his own aggressive wishes by an animistic projection of the real danger so that the unconquerable realities become endowed with magical powers to which he then bows.

b Adult Religious Faith as a Reaction Formation (merging with II*b* below).

A totemistic and pantheistic religion results in which multiple supernatural forces must be propitiated.

c The Adult 'Anal' Intellect—see II*c* below.

II *Precœdipal Phase* (homosexual)

a Reality and the Ego of the Child.

The child begins to display curiosity about natural phenomena which lie outside of his own personal experience. In this stage he makes a powerful alliance and identification with the parent of the same sex who becomes a protector against the direct œdipus phase, which the ego is as yet too weak to face because of the castration anxiety, but the protective parent is also equated with the superego. Reality is endowed with the power of the father and is considered 'absolute', like religion.

b Adult Religious Faith as a Reaction Formation.

Polytheism gives way to monotheism, in which one God represents the all-powerful father. The God is taboo and may not become the subject of intellectual curiosity.

c The Adult 'Anal Personality' (Fusion of I and II).

1 Emotional Components:

In order to protect themselves against anxiety these individuals believe themselves to be all-powerful, to which end they seek to terrorize reality and behave like self-appointed policemen. They are vain, brutal, authoritarian, and deaf to unwelcome ideas. Everyone should be as they are. They will not accept the difference between the sexes, and in their flight from sexuality they frequently become ascetics or take religious orders. Homosexuality, either latent or overt, is often coupled with a need to be humiliated by sexual experiences.

If there is a strong oral component their masochistic needs increase.

2 Intellectual Components:

They have an excellent grasp of the external form of intellectual concepts, but no true understanding of causality or of phenomenological interrelationships. They may have an encyclopœdic command of facts but clinging to their preconceived ideas they are unable to judge relative values or to think independently. Predominantly conservative, they conceive of the world in a static rather than in a dynamic fashion. They favor absolute government and tend to be political or religious extremists or fanatics. They often become orators or artists.

III *Œdipal Phase*

a Reality and the Ego of the Child.

Active competition with the parent of the same sex results in a fortification and growth of the ego and its synthesizing capacity, proportionately as that parent is 'destroyed' and introjected. Independent action becomes possible despite the superego. Reality is still tinged with a 'religious' (absolute) quality in so far as the fear of death persists as a retaliation for the 'murder' of the parent of the same sex.

b Adult Religious Faith as a Reaction Formation.

The 'original sin' must be expiated by the son of God—the Redeemer of man. There is a need to believe in an 'eternal life' in order to avoid the anxiety about death.

c 'Anal Personality with a Genital Component' (Fusion of I, II, and III).

The genital component makes for a lesser degree of absolutism and rigidity. These individuals act upon intuition, which Laforgue defines as 'an unconscious way of perceiving the reality of natural phenomena and becoming aware of them without conscious control and without the intervention of an intellectual process'. They are conservative and religious. Certain passive men, artists, and most normal feminine women function at this level. They lack the synthesizing, penetrating and creative qualities of true genitality but utilize their passivity in the service of genitality, although they remain predominantly 'anal'. All possible variants occur between this group and groups II and IV.

IV *Genital Phase*

a Reality and the Ego.

The ego's synthesizing function and capacity for action are unimpeded by anxieties due to fixations upon the preceding emo-

tional levels. The concept of reality becomes 'relative', as opposed to the 'absolute' of the earlier phases, and is subject to change according to circumstance.

b Religious Faith Is Superseded by 'Scientific Thought'.

There is no need of protection from or by a parent, and hence none for immortality. The individual is able to accept the reality of his own death, and has given up the belief in the 'all powerful' in favor of the realization of his own powers and capacities and their limitations.

c Genital Personality.

1 Emotional Components:

Serene and stable, such an individual shows no need to reassure himself by aggressive and imperious behavior. He is outstanding in a crisis, but otherwise shows no need to be the central figure since he feels secure in his capacity for independent thought and action. He can satisfy his physical drives without guilt and use his aggression in proportion to the real demand for it without anxiety about castration or death.

2 Intellectual Components:

The concepts are dynamic rather than static. Conclusions are drawn from the content and interrelation of facts rather than from their form, and all conceptual thinking is based on experience and not upon belief. Invention is a conscious intellectual process rather than an intuitive one.

Laforgue comments little upon the political implications and conclusions which might be drawn, but he mentions the transition effected by the Renaissance between the Inquisition and the beginning of 'scientific' thought during the Reformation, the subsequent more liberal religious and political concepts, and the culmination of true scientific thought in Einstein's theory of relativity.

The point is well taken, that true genitality is rarely achieved even now, so that the intellectual of the anal type is frequently considered the scholastic ideal and is given preference in the academic world because he has amassed so many facts and degrees. On the other hand the author points out the absurdity of attempting to impose the genital type of thinking upon individuals who are so bound by libidinal fixations and by anxiety that they are totally unable to accept it, logical though it may be.

In conclusion, there is a short chapter dealing with 'free will, liberty and death'. The 'religious' mentality must believe in free will. The more the 'scientific' type of thinking is approached, the more readily the individual is able to think of himself as subject to natural laws. Faith in free will appears to be directly proportional to the degree to which the ego demands to be all-powerful. 'The individual no longer needs this conviction when he no longer thinks of saving his soul. . . . He will be able to accept the fact that he will not be spared by death, and that he is powerless to escape from it. He will also recognize himself to be an ordinary creature among the rest without having to pretend that his soul is more immortal than that of a dog or a cat.' It is this idea of free will and of so called liberty 'which gives the individual a sense of being more important than the group, and justifies any means which lead to the security of the individual to the detriment of the group'. This forms the basis for the capitalistic social order in which the security and survival of a privileged class are maintained while others sacrifice themselves while looking up to the privileged group and expecting protection from them. Under a social system in which capital may be utilized in the service of the larger social group 'resultant social transformation would only be an expression of the psychic development of individuals and groups who would thus feel free to substitute themselves for the father and for God'.

The entire book is extremely well written. In a brief review it is impossible to convey those minor niceties of thought and phraseology which contribute so much towards the interest of this volume. The reader may not at all times agree with the author in regard to theoretical questions, but cannot help being stimulated by the problems which are discussed.

BETTINA WARBURG (NEW YORK)

THE PEYOTE CULT. By Weston La Barre. Yale University Publications in Anthropology, No. 19. New Haven: Yale University Press, 1938. 174 pp.

This excellent anthropological monograph clearly shows in its omissions that the orthodox anthropologist and the psychoanalytic anthropologist are simply arguing at cross-purposes. The author's point of view can be summarized in the following quotation:

'For Bert Crow Lance and Homer Buffalo, we maintain, judged

from the vantage point of any other culture than their own, would remain enigmas or examples of inexplicably bizarre behavior if we did not fall back on history—on the decadent pattern of the vision quest, on patterns now almost vanished of prestige and power-seeking, etc. But the problem of the ethnologist as we can see it, is not the reporting of the outlandish and the picturesque; it is the discovery of plausible motivations in terms of native meanings, the discovery of the essentially humane in its to us often disguised manifestations. In practice then, *we can never know enough history* either biographical or cultural, in explaining a present culture as it functions in individual acting in such and such a (historically conditioned) way' (p. 104).

The culture gives the individual a certain frame for his action or attitudes. Certainly nobody can choose the vocation of a university professor if he happens to be born an Andaman Islander. But within this frame the character and life of the individual is determined by the unconscious, by his own ontogenetic past; moreover, a historical sequence of culture patterns and forms is one thing and the psychological explanation of these culture patterns is another. Bert Crow Lance, mentioned above, goes out to fast for a vision which would make him rich. But before he has completed the four days his deceased mother appears to him in a vision and tells him that there are snakes around which endanger him (p. 102). It is evident that a psychoanalytic explanation of the vision is called for. If the author intends to give the reader a sense of the 'emotional immediacy' of peyotism (p. 103) we must repeat that the study of culture cannot be carried very far without psychology. We should like to know much more about the female personifications of the peyote (pp. 47, 51) about moons as altars (pp. 76, 77) about 'father peyotes' (p. 73) about 'vomitings' and 'sin' (p. 96) about 'peyote jokes' (p. 94) and so forth.

GÉZA RÓHEIM (WORCESTER, MASS.)

KAZAK SOCIAL STRUCTURE. By Alfred E. Hudson. Yale University Publications in Anthropology, No. 20. New Haven: Yale University Press, 1938. 105 pp.

We know very little about Kazak or as it is usually called Kirghiz society. This is a society with well-marked class distinctions. Trade is connected with a ceremonial form of fraternization

(p. 73). The levirate and sororate are practiced, but the levirate sometimes takes the form of a guardianship (p. 53). In the evolution of legal customs the principle of compensation gradually replaced blood revenge and the *lex talionis* (p. 69).

GÉZA RÓHEIM (WORCESTER, MASS.)

EMOTIONAL PROBLEMS IN CHILDREN. By J. Louise Despert, M.D. Utica, New York: State Hospitals Press, 1938. 128 pp.

Despert's book of 128 pages represents a sincere attempt to describe, evaluate and contribute to the various methods of psychotherapy used at the New York Psychiatric Institute. Attention is directed to the routine examinations on admission to the hospital, which include physical, psychiatric and psychometric studies. Stress is placed on the physician's attitude, especially in the parental rôle and the need of representing the good parent-surrogate. The advantages of working with children in the hospital are ascribed to the numerous opportunities for direct observation impossible in the office, through the correlation of data from nurses, attendants and teachers; the removal of the child from the influence of the home, when the neurosis is especially stimulated in that environment; the socializing influence of contacts with other children; the possibility of a 24 hour controlled environment; also the possible benefit to the parents of a temporary relief from a difficult child. Attention is also given to the fact that the treatment of the child may have to be secondary to the treatment of the parent, or rendered hopeless when a fixed parental attitude is responsible for the difficulties presented. Disadvantages likewise are considered. A typical initial improvement occurs in many children who are hospitalized for treatment,' with resulting early withdrawal by the parents.

It would appear from the variety of cases presented, that a number are not necessarily hospital cases, but accepted as proper material for teaching purposes and therapeutic experimentation. The particular problems that merit hospitalization, as compared with office treatment, have not been considered in any thoroughgoing manner. The juvenile psychotics who obviously require hospital care represent a small minority of the group. In general, children who require treatment under controlled environments, other than those who come constantly in conflict with the law, represent cases in which the symptoms, often of aggressive behavior,

make life intolerable for the parents. This point of tolerance is quite variable and is related especially to the maternal attitude, besides a realistic evaluation of the difficulties presented. Experience at the Psychiatric Institute should throw special light on this point, and it is hoped that a study will be devoted to this problem.

No case record is given in detail and no effort at a full interpretation of the reactions of the child to the day-by-day experience in treatment sessions is made. The children's reactions are given as illustrations of particular methods in order to show the possibilities of their use, and to describe the technical procedure. The elaborations made by the child in repeating a story that he has been told and in various forms of compositions are described as a form of 'directed fantasy'. The writer uses the story as a method of revealing the child's conflicts, as a means of resolving difficult emotional situations, and also as a check on the treatment progress. Case illustrations are given in which the method was used as a means largely of getting an approach to the child, rather than as an exclusive therapeutic procedure.

The 'knife method' is the author's own contribution. It consists in having the child scrape a cardboard with a knife. The scrapings may be molded into a plastic mass by the addition of water and glue. The knife gives an outlet to the child's destructive tendencies and the plastic mass is a basis for the child's free association. The child is given the knife by the physician after a discussion about the dangers in handling a knife, and the responsibility of the child in using it. The child is thereafter isolated and 'locked' in the room, with the explanation that other children might otherwise come in and use the knife. Stress is placed on the danger of the knife. The child is also told that with the scrapings he can make anything he likes. Daily sessions of one-half to one and one-half hours are used. The child is interviewed in the intervals. He is also instructed how to mix the scrapings. The author thinks that the use of scrapings has an advantage over the use of clay models, since the latter often degenerate into stereotyped activity, as it certainly has in the reviewer's experience. Destructive, aggressive themes are naturally revealed by this process. Since the number of cases is too small, the author does not feel qualified at this time to evaluate the method. She thinks, however, that where anxiety was a prominent feature of the diffi-

culty improvement occurred, in accordance with the observation that fear is overcome by evoking anger. She concludes that children who did not first find a release through the expression of aggressive trends showed no improvement, and that in five cases children who had failed under other methods succeeded when the knife was employed.

This argument, of course, is not necessarily applicable to the special method used. It would mean simply that the other methods had failed to release aggressive tendencies in a direct way. There is no proof given that the use of the knife as such, or in the manner described, is a better method of securing such release than by other methods of destructive play, in which the use of the knife is a detail. The tremendous advantage of treatment of younger children as compared with older children and adults is in the utilization of direct release of feeling on objects in the playroom. Such release can be mobilized in various ways. The advantage, compared with verbalizations or drawings, becomes quickly obvious to anyone working with children. The attempt to formalize a particular method of release of aggressive drives through Despert's 'knife therapy' is therefore questionable. As an experiment especially designed to bring out impulses and fantasies that have to do with a cutting instrument it has a distinct value. As a formal therapy, it limits the opportunities for the release of aggression to the one instrument, especially in a type of destructive play where there are so many possibilities. With a greater array of material the particular kind of destructive play the child utilizes has a particular meaning, and may afford for him a particular release.

Despert's best chapter is on the drawing method. She recognizes that the child's motor activity in play is more valuable than drawing but recognizes its special advantage for certain children. She reviews the most recent literature on the subject, and studies especially the differences in the drawings of psychotic or neurotic children. Of these differences, the essential one appears to be evidence of regressions among the psychotics as indicated by the use of drawing forms of the infantile type, especially the Kopffüsser variety.

The chapter on collective fantasy has to do with the behavior of children in a group where play was free. The experiment extended over a period of two months and involved the entire

thirty-two children who were in the Psychiatric Institute at the time. In a group of boys a project of building a skyscraper was used. The girls' project was their own. The aggression released by the group play follows numerous observations of other writers on the use of the 'unsupervised group play' method. The girls were less aggressive than the boys. It seems to the reviewer that the value of the spontaneous group play is chiefly in enabling a group to socialize through the release of aggressions in which the leader acts in a participating and protecting way. The resolution of anxiety leads to increased facility in making human contacts, which the organized group is less able to do with neurotic children.

There is a special interest nowadays in the formulation of 'techniques' in the psychotherapy of children. Most of them utilize various principles derived from psychoanalysis. The problem is how to devise methods that allow release of feeling, imaginative play, repetition of life experience through dramatization of material—methods understood in terms of psychoanalytic thinking. They make possible a body of fact that should represent the basic substance of analytic theory. The particular method used is not as important as how it is used. The psychiatrist must naturally select methods related to his particular facility and his particular personality. Nevertheless, a diversity of tools makes possible a choice most suitable to the patient and the doctor. Despert's book makes no claim to conclusiveness in diversity of methods or in the complete formulation of any one method. It is distinctly a contribution in the methodology of practical therapeutics.

DAVID M. LEVY (NEW YORK)

UNTO CÆSAR. By F. A. Voigt. New York: G. P. Putnam's Sons, 1938. 303 pp.

This book presents an authoritative and exceptionally comprehensive analysis of world affairs. It is of special interest in several ways. Written by the foreign editor of the Manchester Guardian, it presents the facts in such a way as to show the forceful considerations which underlie Chamberlain's foreign policy and which make it comprehensible to the liberals whom it so shocks.

These considerations are in part that the extreme vulnerability of England makes the preservation of the Empire and the Pax Britannica so necessary and so difficult, that idealism, or any

measures beyond the bare protection of the Empire, are fraught with danger unless they can be accomplished on the basis of a wide margin of safety. The United States is at present invulnerable. Germany and France can be defeated and yet continue, or soon rebuild as great powers. (And the Fascintern, says the author, is really directed against the British Empire.) But England must be a great power or nothing. All war is intensely dangerous to the Empire because no matter where or for what reason it starts, no one knows how or where it may end. This is no place to present such political questions in detail. One could of course question whether the policy of the bare protection of the Empire is really the most effective one for protecting it, and whether allowing and condoning aggression elsewhere in the world does not constitute such a threat to all the forces which control man's latent hostilities, that these hostilities will erupt, and so destroy not only the Empire but civilization. The author would probably answer that these hostilities are so powerful that any single nation or even any league of nations which seeks deliberately to control them, will involve itself in an impossible situation and will break itself upon these hostile forces themselves.

This leads to a point about the book which is of interest to analysts, namely the author's rudimentary grasp of certain analytic findings. He sees the mechanism of projection, calls it by that name, and uses it to describe and explain individual and social phenomena. He states plainly that war can not at present be prevented by any political means because its basic causes lie deep in human nature. Unfortunately, he seems to believe that human nature is 'inscrutable' and can not itself be the subject of scientific study. He calls Marxism and Naziism 'secular religions', stating that far from being scientific, they refuse to learn from science but are based upon dogma (class war, in the one case, racial nationalism in the other). The effort is then made to impose this dogma upon the masses. The author does not however understand the emotional basis of religion and of such political movements, in relation to the father conflict, in the submission to one authority while attacking another. Such an analysis would be an important contribution quite apart from the truth or falsehood of the ideologies.

The ideologies themselves are of great interest. The author shows how identical accusations, for example, the socialization of

women, have been made by the communists against the bourgeoisie, by the bourgeoisie against the Russian communists, by the Nazis against the Jews, etc. This is apparently œdipal jealousy. Also related to the father conflict is the title by which the author sounds the warning that when there is rendered unto a Cæsar the omniscience and omnipotence that belong to God, there appears upon earth, not the kingdom of heaven but of hell. For the promise, says he, of a millennium on this earth is, in the face of human nature, unrealistic. It is a secular eschatology. In fact, the expectation of a millennium at the advent of the Christian era is distressingly similar to the present expectations. And in view of the wide spread ignorance of the forces in human nature, which exists side by side with tremendous knowledge of technology, we may well fear that another Dark Ages will ensue. There might be some hope from the powers of scientific research if they would turn more intensively to the basic problem of the emotional life of man. But even such knowledge could be abused.

The book is not improved by the too emotional style but if the reader is willing to be undisturbed by that, he will find an unusually penetrating analysis of world politics by a man with a broad educational background and considerable psychological insight.

LEON J. SAUL (CHICAGO)

ART AND PRUDENCE. A Study in Practical Philosophy. By Mortimer J. Adler. New York: Longmans, Green and Company, 1937. 686 pp.

ARE WE MOVIE-MADE? By Raymond Moley. New York: Macy-Masius, 1938. 64 pp.

Adler's book is a disquisition on the problems of art on the receptive side, and especially on the most popular form of art in our time, cinematography, along the lines of his 'practical philosophy'. Since this means a series of deductions—mostly based on the opinions of Aristotle and Thomas Aquinas—without reference to our inductive, dynamic, and genetic points of view, it has to be judged on its own merit as remaining outside of the domain of psychological and especially psychoanalytical interest. The only mention of psychoanalysis is with reference to the theory of sublimation which is presented correctly but without the attempt of a deeper inquiry into its mechanism or effects.

This sounds as if the analyst would be well advised to pass this book over without bestowing on it any further attention. Yet to do this would be a grave mistake. Books, even strictly scientific books, like men cannot be judged exclusively by their principles and ideals—what the analyst would call the superego—but by their actual psychic content. The ways and means by which they strive to realize their professed aims, have to be taken into account as well. Thus it comes about that every reader who happens to be interested in social, æsthetic or moral—and consequently psychological—problems will find this book worth his while. The scientific gain will not be impaired even if some of the general foundations seem to such a reader the products of psychological innocence or if he disagree on many specific points. He will enjoy the extremely valuable information on historical as well as sociological topics, the lucid method of ratiocination, and the unusually smooth and clear flow of language with which these things are presented; besides, a work that shows so few traces of narrow-mindedness lifts the reader's mind to a level where he becomes able to divest himself of some of his own prejudices. In short, he will appreciate it as a work of high intellectual standards and at the same time as a thoroughly readable book, a combination not too often to be met.

As far as the critical views of the author are concerned, the analyst will not only be interested, but also agree wholeheartedly on many points, especially when the statistical and pseudo-statistical approach to some social problems is discussed. One of them, the question how children are influenced by the movies (Chapter XI, Attempts at Scientific Research: The Immature, p. 314 and ff.) which is treated soundly and thoroughly and along the same lines but in a more lively and polemic manner in Raymond Moley's small volume, will remind the analyst of his own experiences and findings.

Some of the fallacies that are the consequence of applying a strictly scientific method in a loose way are neatly and dispassionately expounded: how to start collecting data which are too complex and not sufficiently defined, leads into putting heterogeneous facts into the same 'percentage'; how the use of a comparatively small number makes the elimination of fortuitous influences impossible; how the ascertaining of the single facts by such dubious methods as the use of statements of individuals about

the motivation of some complex part of their past, invalidates all conclusions. Finally, how statistics are misused to reveal or confirm presupposed causation and the circumstance that two facts are outstanding in a given material by their common frequency or infrequency is no indication of the way in which they are causally connected. That movie-going children are more inclined to fantasy and emotion and less to practical activities than the not-movie-going children, may as well be the cause of their moving-going habits as their effect.

What happens in these cases is that for the sake of a semblance of mathematical accuracy something much more valuable is sacrificed, namely the elasticity which all science that is built upon observation more than on experiment ought to preserve. To help in this is the great merit of art and prudence and not its only one.

HANNS SACHS (BOSTON)

BABIES ARE HUMAN BEINGS. An Interpretation of Growth. By C. Anderson Aldrich and Mary M. Aldrich. New York: The Macmillan Company, 1938. 124 pp.

This cleverly written book is different from the usual books about nursery care. It does not concentrate on the technique of nursing, but rather calls attention to the faults and errors of routinized nursing care. Nursing care is in all times and in all societies the accumulated result of folklore and tradition modified by some of the current scientific conceptions. The authors convey to mothers and to nurses the scientific conception of modern psychology. This is the more necessary because our routinized nursing care overestimates the physical side of the development and forgets to satisfy the sensual and emotional needs of the baby.

The child is born with a 'Developmental Plan'. The developmental plan unfolds itself in the process of growth which involves of course, bodily and mental growth. The author's aim is to show that the development of body and psyche are different aspects of the same organic growth process and they are closely interrelated in every step of development. The most favorable conditions for growth are those which provide understanding of the growth changes. The authors' general criticism against conventional nursing care is, that while many aspects of this care tend to support the baby and smooth his path, other aspects of it, even during the first weeks of life, force a compromise upon him

and interfere with his vital functions. Rigidly applied hygiene demands from the newly born an adaptation to the environment before the child is able to accept it. The Aldrichs' experiences show that babies who have been handled with the understanding of their growth changes are more apt to develop a coöperative attitude towards doing what is asked of them than those who have been brought up without this consideration.

The authors describe the development of the sensory organs, of the motor apparatus and of facial expressions. One is shown the age about which the child reacts pleasurably to gratifications of the various sensory organs: to rhythm, to sound, to music, to rocking, to colors, etc. The authors plead for more adequate gratification of those needs during early infancy than is usually provided in the rigid plans of modern nursery technique, which can easily be characterized as a fear of the demands of the child. This careful observation of the child's needs is especially successfully described in the chapters about feeding, sleeping and elimination. These three chapters are the best in the book, showing the physiological development, the instinctual need in and their interrelationship with influences in the environment. One chapter about the sexual development of the child presents the psychoanalytic point of view, although the authors do not mention psychoanalysis as the source of their understanding of sexual development.

The book is written for parents and nurses. I believe however, that the chapters about feeding, sleeping and about the eliminatory processes are interesting and helpful also for the psychoanalyst. Psychoanalysis has a great volume of literature about the damage caused by interference in training with the instinctual needs of the baby. It is valuable to read how pediatricians apply their knowledge about physical and mental growth to avoid functional complications during early development.

THERESE BENEDEK (CHICAGO)

. . . AND THE STUTTERER TALKED. By A. Herbert Kanter, M.D. and A. S. Kohn, B.A., B.Sc. Boston: Bruce Humphries, Inc., 1938. 236 pp.

This volume is an interesting and vividly written narrative of the psychological and social handicaps of the stutterer. It is essen-

tially the inner life history of a stutterer from the early beginnings of his speech defect.

According to the authors, stuttering is a psychological manifestation of obsessions and inhibitions without any organic impairment of the brain or speech mechanisms. For them, stuttering is an inheritance of mental instability and any shock will react severely on the speech mechanism, since that is so delicately organized. The anxiety of the stutterer in speech activities is well emphasized, but it appears to the reviewer that this anxiety, as in many theories of stuttering, has been incriminated to too great an extent.

The physician of the narrative, who is treating the patient at his hospital for speech disorders, expounds his views on the mental hygiene and psychotherapy of stutterers. He reiterates, and justly so, that stuttering is not a speech disorder but is of psychic origin; the stutterer does not need to be taught to talk, and therefore all phonetic exercises are useless. The authors admit that only a minimum attention should be paid to this speech disorder, because the personality is so severely involved in the chronic stutterer that a complete rehabilitation is necessary. It is claimed that if the subconscious mind were free from obsessions there would be no stuttering. From the descriptive level this view point is accurate but the entire presentation lacks a dynamic analysis of the mental mechanisms involved in stuttering.

Their psychotherapeutic methods consist of refraining from muscular spasm, avoiding word substitution and maintaining mental and physical relaxation as much as possible. They add that the cure has nothing to do with physical attempts at speech because stuttering is a disorder of mental function and only reflects itself in the speech. Psychoanalysis is not mentioned, neither is there any attempt to penetrate the deeper dynamics of stuttering, which as the reviewer has previously demonstrated [1] is a neurosis whose manifestations are the result of an unbroken continuity from the pregenital organization. The reviewer feels that the psychotherapy of the stutterer should go deeper than that described in this book; it should analyze the oral and anal components of the pregenital drives which are directly responsible, not only

[1] Coriat, Isador H.: *The Dynamics of Stammering.* This QUARTERLY, II, 1933, pp. 244–259.

for the speech disorder and its abnormal muscular manifestations, but also for the character traits.

The volume is an admirable corrective to those who believe that stuttering should be treated by phonetic training methods, as such attempted speech therapy may actually aggravate the condition.

ISADOR H. CORIAT (BOSTON)

PSYCHOLOGY AND LIFE. By Floyd L. Ruch. Chicago: Scott, Foresman and Co., 1937. 679 pp.

WORKING WITH PSYCHOLOGY. By Floyd L. Ruch and Neil Warren. Chicago: Scott, Foresman and Co., 1938. 214 pp.

Elementary texts in psychology, of which a considerable number appear every year, tend to follow a strictly traditional pattern. Following a first chapter on scientific methodology of varying competence and an introductory section on neurology, which is usually neither up-to-date nor completely accurate, the author presents the factual data of psychology from the standpoint of his particular school. He does this usually quite pedantically with a great deal of the paraphernalia of scholarship including many citations of his own original papers and those of his friends. Such a scholarship can only be of interest to the specialist and I doubt if one student in a hundred ever pursues the references further. Besides, since the elementary text in psychology seldom either poses or attempts to answer those particular questions which the beginning student of psychology wishes answered, elementary texts tend to be dull in content as well as in form. There have been lately a few notable exceptions—Boring, Langfeld, and Weld's for form, Wheeler's for content—but the general run remains close to the traditions established by the leaders of German academic psychology and by William James before the dawn of the twentieth century.

Ruch attempts a clean break with the textbook tradition. He first ascertained by questionnaire methods just what beginning students wish to learn from the course. And then to the best of his ability he presents this information in a style and format which students should understand. Students as might be expected are intensely interested in 'personality problems', 'motivation', 'how to study effectively', and they have little interest in 'methods of

studying learning by nonsense syllables', 'Wundt's theory of the feelings' and the 'anatomy of the brain'. Consequently, and we should be thankful, there is no inadequate introduction to neurology in this book and little discussion of the methods of 'brass instrument' psychology. Ruch shows to boot a really rare pedagogic gift in his style—writing down to the student with little sacrifice of scientific rigor—and is unquestionably successful in avoiding citation of sources without any interest to the student. (The name index contains only three references to Ruch—probably a commendable all-time low in this respect). The format of the book is not only pleasing but is good pedagogically—sharp type differences, many side and center headings, large type introductory transitional paragraphs to each new subject. The book is illustrated with a series of photographs of supposed psychological interest which to me prove very little, but which Ruch claims incite student interest.

It would be pleasant to say that the answers which Ruch assembles are as satisfactory as the questions he poses and the manner in which he poses them. Unfortunately the reviewer is not able to do so. In this respect the book is very uneven. Part I, concerned with the subject matter of psychology and individual differences, is rather good in presenting the chief findings in a field where academic psychology has really accomplished something. Part II, which is concerned with psychodynamics (in the psychoanalytic sense), is very needlessly superficial. Part III, which is concerned with personal and social problems, is quite banal in its answer to the personal, but at least raises some of the social problems. Part IV, concerned with observing, learning and thinking, attempts to condense into a third of Ruch's text the material with which four-fifths of the average textbook is concerned. The result is quite unsatisfactory. Some problems which might have been completely omitted are forced in, others, like the whole problem of psychotic thinking, are only surface-scratched.

The difficulty is that Ruch has tried to be judiciously eclectic in a field which is not yet ready for judicious eclecticism, and where eclecticism is in fact as yet not possible. Ruch devotes some pages to attempting to show that psychoanalysis, gestalt psychology and functional psychology are chiefly different in emphasis. This

I think is pure nonsense. Gestalt psychology and psychoanalysis—and the reviewer must admit these are his pet interests—receive a treatment that is neither understanding nor adequate. The topics stressed throughout this book lie in the province most explored by statistical functionalism. If the science of psychology is concerned chiefly with debunking popular views on 'intelligence', 'heredity', 'human motives', by questionnaires and statistical methods, it is adequately presented in this book. If, on the other hand psychology is the basic science of human behavior—even if at the present time, we do not have all the answers—the book indicates its scope only incidentally. Briefly then, Ruch's ideas of what the style and format of the modern psychological textbook should be, are admirable; his ideas of both psychological method and psychological fact are to be questioned.

The accompanying 'Working with Psychology' by Ruch and Warren, gives a series of self-tests on the subject matter of the text, some simple and often very ingenious group experiments to illustrate the text and suggestions towards arousing the students' interest in further investigation. Recently such accompanying workbooks or laboratory manuals have become quite common. The idea is very good pedagogically and this book is a good example of it. It so happened that I paged through 'Working with Psychology' before I tackled the text. As a professional psychologist I should be rather ashamed to estimate the grade I would have received had I been in one of Ruch's courses. This of course goes to show that there are still schools of psychology, and even a judicious eclecticism cannot abolish them.

J. F. BROWN (CHICAGO)

SOCIAL BEHAVIOR AND CHILD PERSONALITY. By Lois B. Murphy. New York: Columbia University Press, 1937. 244 pp.

Psychoanalysts, and I think with some right, usually consider the investigations of academic psychologists on emotions as sterile. With few exceptions, child psychologists studying the emotional life of children use non-vital situations and the artificial atmosphere of clinic and laboratory. One must not belittle the important contributions of the psychometricians to our knowledge of the intellectual functions. But as Dr. Murphy points out in her book most texts in child psychology are concerned, after the discussion of intelligence levels, with the physical well-being of the child and

habit development. The average course in academic child psychology is more concerned with physical than with mental hygiene and it is almost wholly owing to the endeavours of the child analysts that we know anything of the child's emotional life.

Dr. Murphy's study is an honest attempt to add to our knowledge of psychodynamics in childhood. It is concerned with the observation of emotional behaviors in natural social situations. In fact the social situation is stressed even more than it is by the analysts. The emotional behavior particularly studied is sympathy, i.e. the development of positive transference behavior to the stimulus of distress in a companion. The subtitle of the book, 'an explanatory study of some roots of sympathy' more accurately describes the contents than does the title. The title is however not misleading. From the observations of sympathetic behavior a great deal is learned about the more general problems of child personality and social behavior.

The material studied most extensively was two groups of nursery school children ranging in age from twenty-eight to fifty-four months. The two groups varied in age-range and the physical environment where the observed behavior occurred differed sharply. This was fortunate in that factors of the social and physical environment of importance were brought out. In addition several control groups and a preliminary group were studied more briefly. The specific techniques used were sociological rather than psychological and included continuous observation on the playground, inventory ratings of social behavior by both experimenters and teachers, a series of experiments (or framed observations), and interviews with parents. The chief groups were under observation nearly a year. Certainly a great deal of painstaking work went into this study.

The study is a pioneer work that introduces a new type of attack and raises more questions than it answers. One cannot do justice to the factual contributions in a brief review. Many of the findings quoted out of context would seem banal. I do not wish furthermore, to abstract the contents of a work which all psychoanalysts and particularly child analysts should read. One factual tendency must be mentioned. There is abundant evidence accumulated that the expressions of emotion even in young children are culturally conditioned. Although many psychoanalysts have recently been concerned with cultural problems, the rôle of culture tends to be overlooked in not a few studies. Murphy's

work supports the idea that behavior is a function of the social field. The social field includes the psychobiological individual and the socio-economic environment.

This is a work in social psychology which complements rather than competes with the work of the child analyst. In the future there will probably be much active coöperation between workers like Murphy and the child analysts. My only major criticism is that Dr. Murphy is so wary of psychoanalytic concepts that her theoretical sections tend to lack conceptual and linguistic precision. Many of the actual behaviors described are, I believe, more easily translated into analytic concepts than those which are used.

There are also minor criticisms to be made. Although Dr. Murphy writes very well, so many of the behavior protocols are included in detail that one loses the thread of the argument at times. Some examples were absolutely necessary, but very few busy readers will want so many. The various complicated dials and charts add I believe very little to the verbal text and are sometimes even confusing. (On the dials for instance in many cases two axes are marked instead of one for reasons no place clearly indicated in the text.) Dr. Murphy is loose in her usage of those freudian conceptions she occasionally employs and rather inaccurate in some of the conceptions borrowed from Lewin. These are but minor points in a book in child psychology which sets a really important problem and investigates it in an intelligent fashion.

J. F. BROWN (CHICAGO)

HEILERZIEHUNG BEI ABWEGIGKEIT DES CHARAKTERS (Therapeutic Education of the Wayward Character). By Rudolf Allers. Cologne: Benziger and Co., Einsiedln, 1938. 364 pp.

In a brief preface, the author states that he is not going to say anything decisive and he keeps his promise. Not even are his questions put in definite form but in indefinite generalities answered with elaborate commonplaces and occasionally with meaningless formulations, as for instance on page 354 where he writes 'Success once achieved, is more beautiful than any other'. The entire book is an unorganized collection of contrasting speculations mixed with medical facts, psychological theories and religious beliefs. After writing many pages about character and constitution and similar topics the author proceeds to describe his conception

of pedagogy which resembles a cross-breeding between Jung and Adler—the latter slowly moving into the background. Masturbation and psychoanalysis, both equally and similarly reprehensible, are dispatched in the same chapter. It is not possible to quote with justice to the text because the author's super-German language would lose in English its unique flavor. At the end of the book the author expresses the hope that his statements may grow obsolete in a few years. The author's hopes are vain: nothing can die *ante vitam.*

MARTIN GROTJAHN (CHICAGO)

THE INTELLIGENT INDIVIDUAL AND SOCIETY. By P. W. Bridgman. New York: The Macmillan Co., 1938. 302 pp.

The author, Hollis Professor of Mathematic and Natural Philosophy at Harvard University, presents in this volume an extremely engaging and interesting analysis of human thought and behavior. The problem is attacked as though it were a paper on some subject in physics or mathematics and as in the laboratory every element is closely examined and reduced to its basic significances. Words, phrases and concepts are weighed and measured to see whence they come and what they do mean. With the consistent attitude of a research worker this plan is at times followed with disregard for practical realities of the moment. At such times it becomes a pleasant armchair discussion of life and thinking.

The thesis is that the scientific method applicable to physics can be adapted to the study of the 'social sciences', though not with dogmatic slavishness. Life cannot be even moderately satisfactory unless it can stand intelligent scrutiny although the author admits there may be other elements necessary to make life satisfactory. He applies a cold, keen-cutting logic in examining a number of commonly accepted social concepts as morality, rights, freedom, etc. In analyzing these concepts and their acceptance he finds that our slavishness to verbalizations offers us an easy means of escaping the arduousness of intelligent scrutiny of our behavior and the motives for our behavior. Particularly interesting is the fact that in his analyses, he consistently insists upon pointing out the rôle of the emotions and the 'unconscious' in man's philosophies in contrast to the usual 'common-sense' view point that these philosophies are the result of pure reasoning.

In discussing the newer fundamental concepts in physics, such as the giving up of the concept of absolutes, he points out that the human mind will need to make an emotional adjustment before this concept of the giving up of absolutes is accepted and applied in the study of man and his behavior.

A new philosophy is not presented here but stimulus is given to reëxamine the old ones. On the whole the book can be safely recommended to all thinking people as a sort of check-up on the accuracy of their thinking.

I. T. BROADWIN (NEW YORK)

THE INNER WORLD OF MAN. By Frances G. Wickes. New York: Farrar and Rinehart, Inc., 1938. 313 pp.

Foremost among the lay analysts who give full allegiance to Jung, Mrs. Wickes has written a companion volume and sequel to her Inner World of Childhood which is filled with the same intuitive perceptions of human frailties and is written in the same engaging style which made her former volume so widely read.

The first chapter is devoted to the exposition of familiar analytical concepts and to the definition of such terms as Archetypes, Persona, Shadow, Animus, and Anima. She makes one or two points which deserve mention, as for example, that symbols may have a collective or a purely personal value, and that, for any given individual, the most important consideration is what she calls his individual relation to these images in his unconscious. Other therapists would probably abbreviate this idea by the use of the term Insight.

Chapter two deals with dreams, and cites examples showing the appearance in dreams of images which are recognized to correspond with one or other of the collective Archetypes. She suggests that the dream has a fourfold function: to reveal the nature of the current situation, to suggest modes of correction, to bring out through these archetypal images the deeper underlying attitudes, and to compensate and balance the scale of psychological values.

While stressing the significance of the dreamer's associations to his own material, the author none the less leaves the impression that her dream interpretations are often of an intuitive character, based on her own wide experience with this type of material. It is always well, however, to recognize that the limitations of

space usually do not permit the inclusion of significant associations in the text.

The third chapter is devoted to the influence of parental images on the unconscious attitudes. This is an excellent chapter, well illustrated by dreams.

The chapter that follows is devoted to a discussion of the Ego. The principal needs of the individual in his search for integration are stated to be the development of continuity in the organization of the ego and the growing capacity to separate the ego proper from the affects which may beset it. Stress is laid on the baleful influence of long-standing autonomous complexes in causing a splitting of the ego. In line with the same idea of unassimilated influences the possibility is brought up that any of the four leading functions (sensation, feeling, intuition, thought) may be expressed independently of ego control, whereas to attain real ego independence the individual must learn to integrate these various influences and so to make all the leading functions subservient to his ego direction.

Chapters five, six, seven, and eight elaborate the concepts of the Persona, the Shadow, the Anima, and the Animus, and attempt to show with the aid of carefully chosen dreams the rôle which these subjective concepts play in delaying or promoting the process of individuation. Chapter nine is entitled The Self and contains the crystallized essence of the Jungian ideology, stating that the discovery of one's own uniqueness of being arises from awareness of the four leading functions in their conscious and unconscious manifestations. Such awareness creates a new center for the Psyche—the Self—which is more valid for Life than mere ego consciousness. The discovery of this 'self' or 'centre' is then the last stage in the process of individuation, which Mrs. Wickes sees as the true aim of analytical work. The need for realizing the connection between the archetypal symbols revealed to the dreamer and his own individual experience is repeatedly stressed in this and later chapters. The chapter ends on the note of the need for acceptance on a religious basis of the suprapersonal forces (archetypes) without sacrificing the concept of responsibility for an independent selfhood.

After devoting the next three chapters to the recording of extensive dream material and its interpretation, in illustration of the arguments raised in the earlier chapters, the author passes

on to a consideration of the value of Fantasy, Visions, and Drawing as approaches to the secrets of the unconscious. Perhaps the most important and certainly the most striking part of the book is the section devoted to the analyses of individuals whose dreams, visions, or fantasies are portrayed in graphic form. The correlation of these graphic fantasies with the communications and analytical status of the patient is skilfully exhibited, leaving the reader with a profound sense of their value as a means of objectifying obscure inner experience.

Mrs. Wickes has contributed a volume which, aside from presenting a well documented apologia for the philosophical and analytical outlook of the followers of Jung, is full of wisdom both of an intuitive and of a practical type. While many readers, notably those trained to follow other ideologies, or to place emphasis on other approaches, may dismiss many of the statements in the text as too imaginative, or some of the interpretations as speculations based on intuitive apperception, no serious analyst could fail to appreciate the emphasis laid on the futility of intellectual grasp without emotional insight. Other good points also are made from time to time in the text, evidencing the years of practical experience and industrious, devoted effort which have made this rich material available. The idea for instance that there is no such thing as a person who is completely analyzed is a comment which might be made more generally by the analytical profession, if one of the leading misconceptions of the laity is to be removed.

Mrs. Wickes is also to be congratulated on the continued insistence upon the need for emphasizing the bearing of analytical data on the life situation, an emphasis which is often not sufficiently made in analytical work. In this fact lies another of the not altogether unjustifiable criticisms of the analytical outlook and technique.

The growth of individuation in the author's language is likened to a series of psychological rebirths, an idea which, like all the rest, is illustrated both with dream material and drawings. While one cannot but regret the schism which still separates the schools of Freud and Jung, one has the impression that the concepts which are elaborated and so skilfully illustrated in this text have a limited rather than a general application to the ordinary clinical material of the practising physician. A certain maturity of expe-

rience, or a precocity of psychic development would seem to be prerequisites for the elaboration of such material as is presented here. A tolerant and impartial reader, however, trained in the freudian school, will recognize that many of the concepts are familiar, though called by different names. Perhaps some day such barriers of misunderstanding, based on mere words or definitions, may be successfully broken down.

JOHN A. P. MILLET (NEW YORK)

THE FIVE SISTERS: A Study of Child Psychology. By William E. Blatz. New York: William Morrow and Company, 1938. 209 pp.

One wonders what sort of audience Dr. Blatz had in mind in preparing this account of the Dionne quintuplets. Presumably for parents, it oscillates between snatches of sentimental description of the children and their environment; some rather dubious psychological theorizing about play, discipline, freedom, learning, and especially the emotions; and a good deal that is sound in applied pedagogy. An admixture of diagrams and charts tabulating the study of their resemblances and observations of their acquired characteristics gives a pseudo-scientific slant to the book. The result is a fainter than sketchy picture either of individuality or of psychological growth. At the most, the layman gets an impression of the routine of well-ordered group life similar to the procedures and practices used in an up-to-date nursery school, but continuing twenty-four hours in the day.

Judging by the assertions made, the evidence of the charts kept and also by the photographs, the quintuplets seem to be well brought-up babies thriving under a reasonable regime of adults, selected and trained, and changed on occasion. From all conventional standpoints, the results seem successful at this point. Physically, the 'quints' have caught well up to the norm for their age. Mentally, their earlier retardation, attributed to many factors, their being quintuplets, the institutional life, the early necessity for over-solicitous care, is being overcome at a rapid rate. An 'extraordinary spurt' in learning and intelligence, which has continued into their fifth year, appeared suddenly at the age of three. This showed itself especially in language development which was conspicuously retarded until the third year, when the 'spurt' began. The importance of this year and again of the fifth,

is evident in all the tests made of their intelligence; yet there seems to be no indication of any observations made to relate other aspects of psychological development and environmental life to this seemingly startling development in the third year. Perhaps the signal failure of the study on which the book is based is that, though innumerable observations of behavior were made (very few of the 1,434 emotional episodes that were recorded and analyzed in fourteen months are entrusted to the reader), they are primarily counts of isolated phenomena: anger and control, fear, compliancy and non-conformity, thwarting and being thwarted. No effort is made to relate the behavior to basic psychological phenomena, such as motivation from instinctual needs and urges, or from family and social contacts, such as relationship to the adults in the environment. Beyond noting a fairly constant relationship of the five to each other in the group, in differences and similarities of emotional reaction, the data on emotional states adds little even in the way of description that a good observer would not note over a short period of observation; and it tells nothing of the dynamics of their emotional life.

Writing in 1938, the author, to whom the first and last word in the study of emotions was spoken in 1914 by Dr. Watson, appears still unaware both in his methods of observation and in his analysis of emotions, learning, and instinct, of the contributions of psychoanalytic knowledge to the study of the instinctual and emotional life. To the contents of Freud's Three Contributions published in 1905 and translated into English in 1910, now a classic for any study of infancy, there is nowhere by reference or implication, the slightest hint. It is perhaps no wonder, then, that in the whole story of this quintuple infancy, there is no reference to the manner of bowel and bladder training. By the miraculous mechanism of repression by which, for example, dog-lovers evade the innocent questions of the new dog-owner regarding housebreaking, this psychologist and presumably his cohort of adult nurses and teachers, have looped the loop over all the anal, urinary and, of course, sexual, phenomena of infancy.

Toothbrushes, toys, clothes closets, praying, singing, play their lyric part in the training of these infants; but where, between the rational mode of their environment and the complex differences of personality developing in the five children, has the psychological observation fallen, intended, as it undoubtedly was, to note dif-

ferences in *statu nascendi* in this rare phenomenon of an identical set of five children growing up in a controlled environment?

One phase of oral development is discussed with a little less restraint. But even if the reader gets a fair picture of the intelligent methods used to establish good eating habits, the influence of the oral factor in personality development, of such importance particularly in premature infants, remains an X-quantity. There is no material on their sucking needs before ten months of age, nor after that age, when Dr. Blatz began his supervision; no material to show how or to what extent these needs were gratified in each individual in order to produce the smooth adjustment from the 'idiosyncrasies', which the author says were 'inevitable' in premature babies, to their present good development.

We have no way of guessing what relation exists between the oral constitution and the initial language retardation, or its swift development in the third year with quantity of oral gratification attained in the first three years. The content of their play and fantasy life if studied with this in mind, would no doubt yield a clue to their gratifications as well to their frustrations in this and other respects. The meager material on their favorite play of doll, mother, illness, doctor, indicates directions which might reveal considerable inner psychological needs and differences among the five. It is no accident that the personality that emerges clearest from the presentation, is that of Marie, the youngest, weakest and most retarded, the most thwarted and most victimized in play by the others, whose chart shows the most refusals of food, and who has developed more fear, more anger, more rebellion, and more mischievousness than the others.

And as this seems clear to the observers, one may ask what pedagogic measures, if any, were taken to compensate for the initial lacks due to birth and biological constitution, presumably so carefully studied for differences as well as similarities. What special aids to gratification of oral needs, to treatment of fears and nightmares, to the attainment of security against the stronger members of the group, were given in this case? What aids to ego development were given on the basis of an understanding of the instinctual needs? One must ask these questions, because it is clear that the one disciplinary method used, that of isolation, for boisterousness in play, rebellion at the table and other misdemeanors, were surely not applicable to all the five in the same

degree even for the same offense. Surely the frequency of the misdemeanor as indicated in the countless charts, must be an indication of its symptomatic quality, and one is inclined to ask again what understanding treatment was applied to remove the symptomatic character of such fear of reality dangers or night terrors, as shows itself more of a retarding factor in one child than in the others?

The sins of this study, either as observation or as a guide to upbringing, are the faults of omissions. Where are the father and mother of these infants? Mr. Dionne flits in once as Santa Claus. No attempt is made to evaluate what must be Dr. Dafoe's important rôle as a father figure. What relationship exists between any nurse and any child in this institution? Or what may the effect be of a composite of mothers and fathers? What has their removal from the usual parental situation in the first two years to do with their language retardation? What libidinal ties exist between the children and the adults? One might venture a guess that their charming, though premature, sense of humor helps them over some of these difficulties. When a new nurse comes one of the five palms herself off as another. Or Marie, the weakest, is the ringleader in giggling and rebellion at bedtime. Or, as often happens with children in large families and in institutions, one of the children, in their loneliness, becomes the mother to the others. Perhaps the nightmares of Yvonne and Cecile in the third year should not be so casually disregarded. Emilie played the solicitous mother on one such occasion, at 4 A.M., patting and whispering to the other four before climbing back into bed. Another time, Marie sought the comfort of Yvonne's bed, almost causing panic by her temporary disappearance from her bed.

Just as the instinctual phenomena of infancy have been overlooked and repressed, so too there is no awareness in the observations, of the importance of the œdipus phase in its rise and fall, its bearing on social and object relations within the group or outside of it, on increase of intelligence, on learning, on the retardation and development of speech, or on the symptomatic behavior such as inadvertently and sparingly makes its way into the book.

Much is measured, and little of significance, from the psychoanalytic viewpoint, revealed. It seems to be the aim of the book to give the impression of a very acceptable total behavior result

achieved through excellent physical care, sound nursery school techniques and high, though reasonable, ideals. It is because we know that children, bred to the best ideals, continually reveal problems arising from the conflict of these ideals with their instinctual drives, that we have cause to wonder at the apparent smoothness with which critical eras in this childhood are passed over. In this unusual set-up, an opportunity is missed to study just this.

Though we too may succumb to the personal charm of these five children, we cannot agree that the book has done more than to state that there are developing increasingly greater differences among the five children. But we learn little about 'how children get that way', even if we know that Annette is socially aggressive but less successful than Cecile because she tries too hard (why does she try so hard?) that Emilie is self-assured and magnanimous; that Marie is the 'baby', and Yvonne the most mature and serene. It is not at all clear that 'their training has permitted them five separate individualities, despite their intimate blood relationship', for any type of training—old-fashioned and rigid, or modern and not quite so rigid—would have done the same, if perhaps with different results.

The innocuousness of these results of five years of observation of the quintuplets warrants censure of the psychologist who has so blind a spot, that, like his quintuplets who behind their one-way glass screen are shut out from their visitors, and note but do not know them, he, too, is shut behind some resistance-screen and does not even know of the presence and importance of psychoanalysis in approaching the study of infancy.

MARIE H. BRIEHL (NEW YORK)

THE BETRAYAL OF INTELLIGENCE. By Joseph Jastrow. New York: Greenberg: Publisher, 1938. 170 pp.

In this book Jastrow bewails the betrayal of the intelligence of the American public by supersalesmanship; by exploitation by fads, fakes, and cults; by 'adviseering' and racketeering by fake psychologists; and, worst of all, by Dale Carnegie. This book is not a scientific study and presentation of these problems, but rather is a counter-propaganda book, replete with indignation, sarcasm, slogans, and catch phrases, seasoned with a note of disappointment and frustration. 'Why are some of the best sellers written by some of the worst thinkers?' (p. 13). 'It has shaken my faith in the

potential intelligence of my fellow beings that 750,000 men, women, and children have purchased this abyss of advice' (How to Win Friends and Influence People) (p. 83). The author feels that the difference between the exploiter and the exploitee is that the former uses his intelligence and the latter does not. The author's suggestion for remedying the situation is: 'be logical; be critical; stop, look, and listen; pause, weigh, and reflect'; and 'meet the obligation to be intelligent'. 'In the realm of intelligence, the privileged in intelligence must ever be the keepers of their less intelligent brothers' (p. 170).

One may well sympathize with Jastrow in his eloquent opposition to fraudulent and deceptive advertising and advising; and in so far as he is able effectively to combat it, the more power to him. There is, however, no consideration or evaluation of the emotional motivations involved, such as the great need of many people to reach for a magic formula that promises a sort of omnipotence which will forever dispel frustration, deprivation, and failure. Nor is there a satisfactory consideration of the effects of various environmental factors and influences, such as widespread economic distress, upon the susceptibility of many persons to exploitation of the type described by Dr. Jastrow.

GEORGE S. GOLDMAN (NEW YORK)

CURRENT PSYCHOANALYTIC LITERATURE

The International Journal of Psycho-Analysis. Vol. XX, Part I, January 1939.

SIGMUND FREUD:	If Moses Was an Egyptian . . .
JAMES STRACHEY:	Preliminary Notes Upon the Problem of Akhenaten.
STEPHEN SCHÖNBERGER:	A Dream of Descartes: Reflections on the Unconscious Determinants of the Sciences.
PAUL SCHILDER:	The Relations Between Clinging and Equilibrium.
ROBERT BAK:	Regression of Ego-Orientation and Libido in Schizophrenia.
HELENE DEUTSCH:	A Discussion of Certain Forms of Resistance.

The Psychoanalytic Review. Vol. XXVI, Number 2, April 1939.

SIGMUND FREUD:	The Fineness of Parapraxia.
LOUIS MONTGOMERY:	Psychoanalysis of a Case of Acne Vulgaris.
SANDOR LORAND:	Perverse Tendencies and Fantasies: Their Influence on Personality.
PAUL C. SQUIRES:	Jean Paul Friedrich Richter.
MELITTA SCHMIDEBERG:	The Rôle of Suggestion in Analytic Therapy.

Psychiatry. Vol. II, Number 1, February 1939.

EDWARD S. TAUBER:	Notes on Identification and Oral Traits in Relation to Character.
DAVID M. LEVY:	Maternal Overprotection, II.

The Journal of Nervous and Mental Disease. Vol. LXXXIX, Number 4, April 1939.

KARL A. MENNINGER:	Somatic Correlations with the Unconscious Repudiation of Femininity in Women.

Zeitschrift fur Psychoanalyse (Tokyo, Japan). Vol. VII, Numbers 3-4, March-April 1939.

KENJI OHTSKI:	Materielle Ökonomie und Seelenökonomie *(Material Economy and Psychic Economy).*
RIKITARO TAKAMIZU:	Psychopathologie bei ökonomischer Welt *(Psychopathology in an Economic World).*
SIMADA OKUMOTO:	Wie kann man Schmerz überwinden? *(How Can Pain Be Vanquished?)*
MASAO SINOHARA:	Weib und Liebe *(Woman and Love).*

Revista de Neurologia e Psychiatria de Sao Paulo. Vol. IV, Number 4, October-December 1938.

DARCY M. UCHÔA:	Psychanalyse e Hygiene Mental *(Psychoanalysis and Mental Hygiene).*

Archives de Psychologie (Geneva). Vol. XXVI, Number 104, April 1938.

C. BAUDOUIN:	La Psychanalyse, Méthode et Doctrine *(Psychoanalysis, Method and Doctrine).*

Ugeskrift for Laeger (Copenhagen). Vol. C, Number 41, October 13, 1938.

H. REISTRUP:	Lidt om Psykoanalyse *(Brief on Psychoanalysis).*

NOTES

THE AMERICAN PSYCHOANALYTIC ASSOCIATION will hold its forty-first annual meeting in Chicago, Illinois, at the Palmer House from May 7th through May 11th. The officers of the Association are: A. A. Brill, M.D., New York, Honorary President; Franz Alexander, M.D., Chicago, President; Lewis B. Hill, M.D., Baltimore, Vice-President; Lawrence S. Kubie, M.D., New York, Secretary; M. Ralph Kaufman, M.D., Boston, Treasurer.

The program of the meeting is as follows: SUNDAY Afternoon—May 7th—Palmer House. 2:30 P.M.—Meeting of the Executive Council of the American Psychoanalytic Association. 4:30 P.M.—Meeting of the Council on Professional Education. MONDAY—May 8th—9:00 A.M. Opening of the Scientific Sessions of the American Psychoanalytic Association. Except where otherwise indicated, all sessions will be held in Room 17. The Scientific Sessions of the American Psychoanalytic Association are not open to the public. They are open to all members of the American Psychoanalytic Association and of the American Psychiatric Association. Others who wish to attend these meetings must apply to the Secretary or to an official at the door. All papers will be limited strictly to twenty-five minutes—chief discussers to five minutes; all others to three. 9:00 A.M.—Session on Psychosomatic Medicine: Chairman: Dr. M. Ralph Kaufman. Dr. Franz Alexander: *Further Contributions Concerning Specific Emotional Factors in Different Organ Neuroses.* Dr. Felix Deutsch: *The Problem of the Choice of the Organ in Neuroses.* Discussers: Drs. Carl Binger and Theodore Wolfe. Drs. Therese Benedek and Boris Rubenstein (by invitation): *Correlations between Ovarian Activity and Psychodynamic Processes.* Dr. Lucia E. Tower: *Clinical Study of Two Analyzed Cases of Psychogenic Amenorrhea.* Dr. Jacob E. Finesinger: *Psychoanalytic Notes in a Case of Pseudohermaphroditism.* Discussers: Drs. Franz Alexander, Therese Benedek, Stanley Cobb, and R. G. Hoskins. Monday—12:00 Noon—Executive Session: Minutes of preceding meetings, and nomination of officers. Monday—2:30 P.M. Chairman: Dr. Bertram D. Lewin. Dr. Gregory Zilboorg: *The Psychology of Racial Intolerance.* Dr. Fritz Wittels: *Unconscious Phantom Formation as Observed in a Case of Epilepsy.* Dr. Agnes Greig: *Analysis of a Child with Chorea of Six Years Duration.* Discusser: Dr. Frieda Fromm-Reichmann. Dr. Otto Fenichel: *The Counter-Phobic Attitude.* Discusser: Dr. Edith Jacobssohn. Monday Evening: Dinner of the American Psychoanalytic Association. TUESDAY—9:00 A.M.: Executive Sessions of the American Psychiatric Association. Tuesday—11:00 A.M.: Chairman: Dr. Helen Vincent McLean. Dr. Annie Reich: *The Primitive Ego and Its Relationship to Objects.* Dr. Harry I. Weinstock: *Contribution to the Problem of Morbid Jealousy.* Discusser: Dr. Sandor Rado. Tuesday—12 Noon: Executive Session: Reports of special committees and election of officers. Tuesday—2:30 P.M.—Session on Schizophrenia. Chairman: Dr. Lucile Dooley. Dr. Frieda Fromm-Reichmann: *Transference Problems in Schizophrenias.* Dr. Helene Deutsch: *Emotional Disturbances and Their Relationship to Schizophrenia.* Dr. M. Ralph Kaufman:

Religious Delusions in Schizophrenia. Dr. Kurt Eissler: *Contribution to the Psychoanalysis of the 'Influencing Machine'.* Drs. Thomas M. French and Jacob Kasanin: *A Psychodynamic Study of the Recovery of a Few Schizophrenic Cases.* Discussers: Drs. Blitzsten, Kubie, Menninger, and Zilboorg. WEDNESDAY—9:00 A.M.—*Joint Session with the Section on Psychoanalysis of the American Psychiatric Association and the American Psychoanalytic Association* (In the Ballroom). Dr. Isador H. Coriat: *The Structure of the Ego.* Discussers: Drs. A. A. Brill and Smith Ely Jelliffe. Dr. Joseph O. Chassell: *Results of Psychoanalytic Therapy in a Mental Hospital.* Discussers: Drs. Dexter M. Bullard and Robert P. Knight. Dr. Karl A. Menninger: *Somatic Suicide—Total and Partial.* Discussers: Drs. Carl Binger and Nolan D. C. Lewis. Dr. Smiley Blanton: *Analytic Study of a 'Cure' at Lourdes.* Discussers: Drs. A. A. Brill and Franz Alexander. Wednesday—12 Noon. Business Session of the American Psychoanalytic Association for a discussion of the problem of certification in psychoanalysis. Wednesday—2:30 P.M.—*Joint Session with the Section on Psychoanalysis of the American Psychiatric Association and the American Psychoanalytic Association* (In the Ballroom). Chairman: Dr. Franz Alexander. Dr. Sandor Rado: *Progress in the Psychoanalytic Treatment of the Neuroses.* Discusser: Dr. John A. P. Millet. Dr. Leon J. Saul: *Utilization of Early Current Dreams in Formulating Psychoanalytic Cases.* Discusser: Dr. George E. Daniels. Dr. Robert Fliess: *The Counter Transference.* Discusser: Dr. Lawrence S. Kubie. Dr. Ernest Simmel: *Psychoanalytic Interpretation of a Court Case of Incendiarism.* Wednesday Evening. Dinner of the American Psychiatric Association (In the Ballroom). THURSDAY—9:30 A.M. Chairman: Dr. Karl A. Menninger. Dr. C. P. Oberndorf: *Co-Conscious Mentation.* Discusser: Dr. Smith Ely Jelliffe. Dr. Fritz Redl: *A Few Contributions to the Psychoanalysis of Group Emotion and Leadership.* Discusser: Dr. Leon Saul. Dr. Bernhard Berliner: *Libido and Reality in Masochism.* Discusser: Dr. Karl A. Menninger. Thursday—12 Noon. Final business or committee meeting. Thursday Evening. Round Table for Instructors: *Technique of Supervision of the Clinical Work of Students.* Moderator: Dr. Sandor Rado. Participants: Open to instructors. Special panel to be announced. Round Table: *Rôle of the Psychoanalyst as an Advisor in Sexual and Marital Adjustment.* Moderator: Dr. C. P. Oberndorf. Participants: Drs. A. A. Brill, T. M. French, L. B. Hill, P. Lehrman, B. D. Lewin, H. V. McLean, and C. Thompson.

THE NEW YORK PSYCHOANALYTIC INSTITUTE has announced the following series of seminars and clinical conferences for the spring session of the Professional School of the Institute: Eight seminars on *Indications, Contra-Indications and Technique of Psychoanalytic Therapy,* to be given by Dr. Bertram D. Lewin. This course is open to members of the Institute, and students in training (required course). Five seminars on *The Psychoanalytic Approach to Organic Disease,* to be given by Dr. Robert Fliess. The purpose of these seminars is to outline, as sharply as possible, a new field which is just in the making. The pertinent parts of the voluminous (analytic and non-analytic) literature on

'psychosomatic problems', especially those dealing with clinical matters, will be scrutinized as to their usefulness for a psychoanalytic understanding of organic medicine. Equal emphasis will be placed on questions of theory (methodology, establishment of pathogenetic mechanisms, etc.) and practice (therapeutic indications, coördination of somatic and analytic therapeutic approaches to a given 'organic' disorder, etc.). This course is open to members of the Institute, students in training (optional course) and extension students on special application. Four parallel courses of clinical conferences of eight sessions each, to be given by Drs. George E. Daniels, Phyllis Greenacre, Karen Horney and Lawrence S. Kubie, respectively. These courses are open to members of the Institute and senior students (required course). A student may register for only one of these courses.

THE EDUCATIONAL COMMITTEE of the Boston Psychoanalytic Institute announces the choice of Dr. Charles Brenner, Dr. George E. Gardner, and Dr. John Romano as recipients of the Sigmund Freud Fellowships for Psychoanalytic Training.

THE SALMON LECTURES: The seventh series of Thomas William Salmon Memorial Lectures were delivered by Dr. Edward A. Strecker, chairman of the department of psychiatry, University of Pennsylvania School of Medicine, Philadelphia, at the New York Academy of Medicine April 14, 21 and 28. Dr. Strecker's general subject was *Beyond Clinical Frontiers* and the individual titles, *The Massive Retreat from Reality, Crowd-Mindedness* and *Threats to Our Culture.*

THE MENNINGER CLINIC, Topeka, Kansas, for the fifth consecutive year offered a week's postgraduate course in *Neuropsychiatry in General Practice,* April 17–22. This practical presentation of dynamic psychiatry through lectures and case presentations has been attended by physicians from nineteen states in the past four years. Enrollment was limited to thirty.

THE PSYCHOANALYTIC QUARTERLY Board of Editors has been enlarged to include a greater number of participants actively engaged in the work of the QUARTERLY. In accordance with this aim the editors are no longer divided into a group of editors and a group of contributing editors.